



# Children's services and violence prevention

**Practice guidance for children's services  
to help protect children from involvement  
in violence**



## About the Youth Endowment Fund

The Youth Endowment Fund (YEF) is a charity with a mission that matters. We exist to prevent children and young people from becoming involved in violence. We do this by finding out what works and building a movement to put this knowledge into practice.

The charity was established in 2019 with a 10-year, £200 million endowment from the Home Office.

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## Acknowledgements

We would like to thank our strategic advisory group: Isabelle Trowler (Chief Social Worker for England), Diane Benjamin (Director of Children's Social Care, Hackney Council), Paul Carberry (CEO, Action for Children), Hannah Woodhouse (Executive Director, Children and Education Directorate, Bristol City Council), Rachel de Souza (Children's Commissioner for England), Donna Malloy (Deputy CEO, Foundations), Yvette Stanley (National Director for Social Care, Ofsted), Professor Carlene Firmin (Professor of Social Work, University of Durham), Ann Graham (Corporate Director of Children's Services, Haringey Council), Professor Claudia Bernard (Professor of Social Work, Goldsmiths, University of London), Lucy Schonegevel (Director of Influencing, Action for Children), Steve Walker (Director of Relational Children's Social Work), Sean McKendrick (Strategic Director of Children's and Education Services, Manchester City Council), Pinaki Ghoshal (former Executive Director of Children and Young People, Lewisham Council), Dr Jahnine Davis (Director, Listen Up Research, and Child Safeguarding Practice Review Panel member) and Nio Foloruso (Youth Advisory Board member, Youth Endowment Fund).

We would also like to thank our expert panel: Professor Michelle McManus (Professor in Safeguarding and Violence Prevention, Manchester Metropolitan University), Nicola Burn (Head of Service for Safeguarding at Together for Children, Sunderland), Katy Block (Policy Officer, Association of Directors of Children's Services), Professor Zara Quigg (Professor of Public Health and Behavioural Epidemiology, Liverpool John Moores University), Professor Rick Hood (Professor of Social Work, Kingston University), Professor Jo Staines (Professor of Youth Justice and Child Welfare, University of Bristol), Dr Kirsten Asmussen, Wendy Ghaffar (His Majesty's Inspector Specialist Adviser Cross Remit Safeguarding, Ofsted), Jade Barnett (Director, Power2Prevail), Antonia Ogundayisi (Service Manager, Anti-Racist Practice, Essex County Council), Damien Dallimore (Director, Greater Manchester Violence Reduction Unit), Dez Holmes (Deputy Chief Executive, National Children's Bureau), Laura Tanner (Contextual Safeguarding Team Manager, Southampton City Council), Codrutza Oros-Marsh (Safeguarding Practice Review Panel Member), Jonathon Blackburn (Head of Evidence, Foundations), Sonia Beard (Senior Policy Advisor, Foundations), Kelly Shannon (Practice Lead for Child Criminal Exploitation and Contextual Safeguarding, Swansea Council) and Sharon Maciver (Director of Child Criminal Exploitation, Action for Children).

The report is authored by Dr Freya Glendinning.

# Introduction

This guidance provides seven evidence-based recommendations to prevent violence involving children (aged 10-17). It is written primarily for senior leaders in children's services in England and Wales, including Directors of Children's Services (DCSs) and Assistant Directors in England and Directors of Social Services (DSSs) and Heads of Children's Services in Wales. It is also relevant to:

- Commissioning leads.
- Local Safeguarding Children Partnerships (England) and Regional Safeguarding Boards (Wales), collectively referred to throughout as Local Safeguarding Partnerships (LSPs).
- Practice leaders, including Principal Social Workers, Practice Supervisors, Heads of Service and Service Managers, responsible for safeguarding, child protection, early help, family support and children in care.

## Why focus on preventing violence?

Violence is the use or threat of intentional physical force.<sup>1</sup> It can include murder, physical assault, sexual assault, harm with a weapon and robbery.<sup>2</sup> Violence is, unfortunately, common among children. Last year, a survey of over 11,000 13-17-year-olds across England and Wales found that:<sup>3</sup>

- One in five had been victims of violence.
- One in eight had committed violence.

Much of this violence is serious: nearly three in ten victims needed medical treatment from a doctor or hospital. More broadly, half of 13-17-year-olds reported that they had witnessed violence being committed against someone else.

## Why focus on children's services?

Children's services play a central role in keeping children safe from violence because they hold statutory responsibility for coordinating safeguarding activities and work directly with those most vulnerable to violence. While children's services provide a range of support to children, this guidance report has prioritised three core areas. These are the most critical areas to focus on to reduce violence:

- **Extra-familial harm.** Children's services have a statutory responsibility to safeguard all children affected by extra-familial harm (EFH), including serious violence.
- **Evidence-based interventions.** There are a range of interventions that children's services can commission, such as mentoring, parenting programmes, family therapy and cognitive behavioural therapy (CBT), that can reduce children's involvement in violence.
- **Children in care.** Children in care face heightened risks of exploitation and involvement in violence.<sup>4</sup>

## What role does partnership working play?

DCSs and DSSs play a central leadership role in safeguarding children's welfare, including bringing partners together and aligning activity through LSPs. While they play a leading role, they do not act alone. For almost all recommendations, delivery will depend on strong multi-agency collaboration. Recent national learning, including findings from the Southport Inquiry, has reinforced the importance of clear leadership, accountability and coordination across multi-agency safeguarding arrangements.<sup>5</sup>

The YEF has also published guidance for other key sectors. While DCSs and DSSs are not the primary audience for guidance in other sectors, some of this guidance is directly relevant to their work, including on [education](#), [youth justice](#) and the [youth sector](#). Over the next year, we will also publish practice guidance for the [policing](#) and [health](#) sectors.

## What about the broader system?

The recommendations set out what good practice looks like. However, local areas' ability to deliver them could be constrained by factors outside of their control, including:

- Significant financial pressure on local authorities and shortages in suitable care placements.
- Reliance on other potentially strained services, such as mental health services.
- Complexity of national policy frameworks and legislation creating different priorities for safeguarding partners and weakening the consistency of safeguarding responses.

In 2027, we will publish recommendations for the government on improving this broader system.

We also note that children's services in England are undergoing significant reform through the Families First Partnership programme, which is introducing a new Family Help model and multi-agency child protection teams (MACPTs), alongside wider legislative changes through the [Children's Wellbeing and Schools Act](#). This guidance has been produced to align with these changes and support children's services to meet national expectations across England and Wales.

## How does this guidance promote race equity?

If we are to prevent serious violence, we must also tackle racial disproportionality. Most children involved in violence are White. However, relative to their share of the population, some minority ethnic groups – particularly Black children – are over-represented in violence victimisation and perpetration. This disproportionality is driven by factors such as poverty, racism and unequal access to support.<sup>6</sup>

Safeguarding practice must tackle racism and racial inequity. Across safeguarding systems, Black children are more likely to experience poorer outcomes, including reduced access to safeguarding and greater involvement in criminal justice systems. Race equity is therefore embedded throughout the recommendations.

## What evidence underpins this guidance?

This guidance report draws upon the best available global evidence on how to prevent children's involvement in violence. This includes the [YEF Toolkit](#): a rigorous summary of over 2000 studies spanning over 40 different approaches to violence prevention. This guidance also uses new research funded by the YEF, including new reviews of practice in children's services, our programme evaluations, our annual survey of over 10,000 13–17-year-olds and our youth-led Peer Action Collective. An expert panel of children's services and violence prevention leaders, commissioners, academics and young people also contributed expertise to ensure our recommendations are feasible and relevant.

The recommendations in this report are "best bets" based on the best available evidence. Local leaders' judgement on how to use these recommendations and their knowledge of local contexts remain critical. An evidence-to-decision framework (published alongside this guidance) sets out the full underpinning evidence.

# Recommendations

## Extra-familial harm

1

### LEADERSHIP

**Make safeguarding children from extra-familial harm (EFH), including serious violence, a core strategic priority.**

**Why?** EFH is becoming a more prominent feature in children's services assessments. However, not all forms of EFH, particularly serious violence, are treated as core safeguarding priorities.

#### RECOMMENDED ACTIONS:

- A. Clearly define EFH and apply statutory thresholds consistently.
- B. Agree shared outcomes for what safeguarding responses to EFH should achieve for children and monitor impact.
- C. Identify and address discrimination in EFH responses.

2

### PATHWAY

**Provide one pathway, one plan and one owner for children affected by EFH.**

**Why?** In many areas, responses to EFH run alongside, rather than within, the established safeguarding pathway, resulting in multiple parallel processes and children left without a single overarching plan, clear oversight or consistent response.

#### RECOMMENDED ACTIONS:

- A. Map the local system for coordinating responses to EFH.
- B. Provide an integrated safeguarding pathway with clear routes to the wider system of support.
- C. Review the use of multi-agency child exploitation (MACE) and similar panels within local arrangements.

3

### CAPACITY

**Strengthen multi-agency capability to respond to EFH.**

**Why?** Children are better protected from EFH when the multi-agency teams responsible for safeguarding them have the right people and skills to respond effectively.

#### RECOMMENDED ACTIONS:

- A. Embed and protect specialist expertise in EFH within multi-agency teams.
- B. Collaborate effectively across agencies to respond to EFH.



## Evidence-based interventions

### 4

#### **Offer high-quality mentoring for children at risk of involvement in violence.**

**Why?** Trusting relationships with safe adults can protect children from violence, but mentoring provision is patchy, and many programmes only offer short-term support.

**RECOMMENDED ACTIONS:**

- A. Make mentoring a core part of the safeguarding and wider support offer.
- B. Ensure mentoring is high-quality and relationships are sustained.
- C. Prioritise mentoring for children in care and care leavers.

### 5

#### **Provide evidence-based parenting and family therapy programmes to improve parenting practices and family functioning, and reduce behavioural difficulties in children.**

**Why?** Evidence-based parenting programmes and family therapy can reduce children's behavioural difficulties, which are linked to later involvement in violence.

**RECOMMENDED ACTIONS:**

- A. Prioritise programmes that have been robustly evaluated.
- B. Match the programme type to children's and families' needs.
- C. Build a flexible support offer and equip practitioners to deliver it effectively.
- D. Monitor take-up, completion and outcomes by demographics and address gaps.

### 6

#### **Support access to therapy for children who are at risk of involvement in violence.**

**Why?** Psychological therapies, such as cognitive behavioural therapy (CBT), can reduce children's involvement in violence.

**RECOMMENDED ACTIONS:**

- A. Jointly commission evidence-based CBT and support children to engage.
- B. Monitor access to mental health support and improve referrals.



## Prioritising children in care

### 7

#### **Proactively safeguard children in care from violence.**

**Why?** Care-experienced children face increased risks of exploitation, instability and criminal justice contact and are less likely to receive a safeguarding response.

**RECOMMENDED ACTIONS:**

- A. Provide stable placements that protect children from EFH.
- B. Ensure care plans proactively identify and reduce the risks of EFH.
- C. Provide high-quality training to foster carers and residential staff to support children affected by EFH.
- D. Develop local protocols to reduce criminalisation of children in care and care leavers.



# Recommendation 1.

## Make safeguarding children from extra-familial harm (EFH), including serious violence, a core strategic priority.

### Why?

EFH is becoming a more prominent feature in children's services referrals and assessments, particularly in children aged 10–17 years old.<sup>7</sup> However, not all forms of EFH, particularly serious violence, are consistently treated as core safeguarding priorities.<sup>8</sup>

### Recommended actions

- A. Clearly define EFH and apply statutory thresholds consistently.
- B. Agree shared outcomes for what safeguarding responses to EFH should achieve for children and monitor impact.
- C. Identify and address discrimination in EFH responses.

### A. Clearly define EFH and apply statutory thresholds consistently.

**Clearly define EFH in core strategic documents.** DCSs and DSSs should work through the LSP to ensure strategic documents set out a shared definition of EFH that is aligned with statutory guidance, and establish EFH, including serious violence, as a shared safeguarding priority.<sup>9</sup> This can help the LSP build a shared understanding of need and coordinate more effective responses.<sup>10</sup>

#### **A clear practice statement should accompany the definition.**

EFH includes serious violence, both where children are victims and where they may have perpetrated it. In these cases, local partners should avoid treating children as either 'victims' or 'perpetrators' in isolation. Safeguarding responses should consider the child's safety, welfare, relationships and context, including risks they are experiencing themselves and risks they may pose to others.



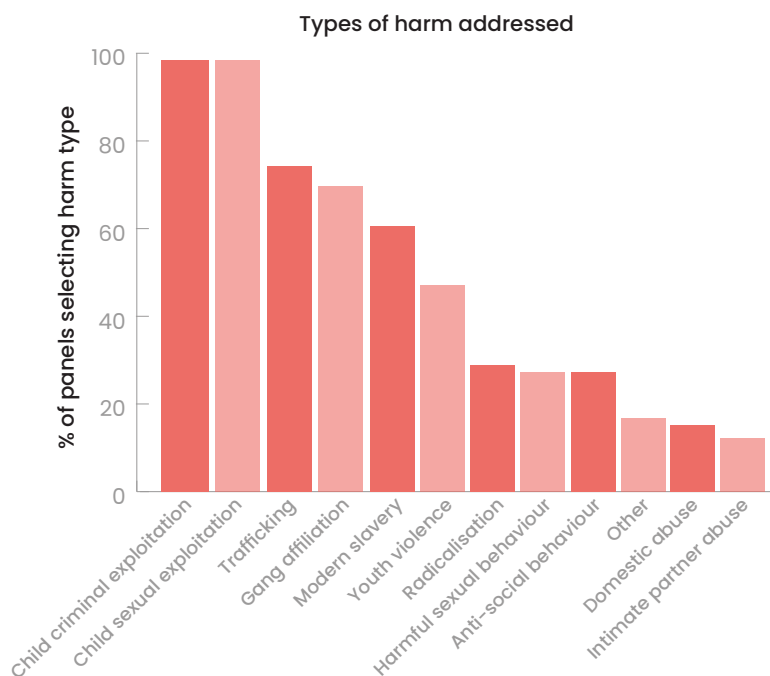
### WIDER RESEARCH

330 rapid reviews were submitted to the National Child Safeguarding Practice Review Panel in 2023–24: 78 featured incidents of EFH.

### Description of EFH in statutory guidance

Extra-familial contexts are environments outside the home, including peer groups, schools, community or public spaces, and online spaces, including social media or gaming platforms. EFH can include physical, sexual or emotional abuse and exploitation outside children's families. Children can be vulnerable to multiple forms of EFH from adults and other children, and harm may be perpetrated or facilitated by individuals or groups. Examples include child criminal exploitation (CCE), serious violence, modern slavery and human trafficking, online harm, child sexual exploitation (CSE), child-on-child (non-familial) sexual abuse and other harmful behaviour displayed by children towards their peers, teenage relationship abuse, coercive control, and the influence of extremism which could lead to radicalisation.<sup>11</sup>

Figure 1. Types of harm addressed in multi-agency panels responsible for coordinating responses to EFH.<sup>12</sup>



Ensure all forms of EFH are consistently recognised and named in assessments and multi-agency discussions, including where they overlap with intra-familial harm.<sup>13</sup> Different forms of EFH require different responses, but they often co-occur<sup>14</sup> and share dynamics,<sup>15</sup> including grooming, coercion, peer influence and control. Children often experience multiple overlapping harms in the home, school, community and online, and they may be both ‘victims’ and ‘perpetrators’, including by exploiting others.<sup>16</sup> EFH can also overlap with the child’s experience of harm within their family, such as domestic abuse.<sup>17</sup>

Children’s services assessments should bring this information together. When systems respond to risks in isolation they can miss the full picture of harm in children’s lives.<sup>18</sup>

Ensure LSP scrutiny and assurance arrangements, such as case audits and multi-agency audit programmes, explicitly test whether local systems are identifying and responding to *all* forms of EFH, including serious violence, and whether practitioners have the relevant expertise and support to do this well (see recommendation 3A).

## CURRENT PRACTICE

Across the 65 local authorities we surveyed, fewer than half (47%) said their MACE (and similar) panels included children involved in serious violence in cases they review.

Firmin & King (in press)

## YEF RESEARCH

In a YEF survey of 11,000 teenagers across England and Wales, over half of those who used violence (53%) had also been victims. This overlap is even greater in more serious cases: over three-quarters (77%) of those who caused injury had themselves been victims.

YEF (2025)

## YOUTH VOICE

“Home was never safe; I literally have nowhere safe; why did it take you lot so long to get that?”

Young person interviewed as part of research into experiences of intra-familial and extra-familial harm  
Davis (2026)

**Ensure statutory safeguarding thresholds are applied consistently in situations of EFH.**<sup>a</sup> Children affected by EFH, including serious violence, can meet thresholds for statutory safeguarding intervention, and where there is reasonable cause to suspect significant EFH, local authorities must make enquiries and take action.<sup>b</sup> In practice, however, many children experiencing significant EFH receive ‘no further action’ after assessment<sup>19</sup> and are less likely to receive a child protection response than those referred for intra-familial harm.<sup>20</sup>

Audit threshold decisions to check whether child protection thresholds are consistently applied to EFH, including serious violence, and whether children are being left in situations of significant harm without appropriate protection.<sup>21</sup> Set out clearly in LSP threshold documents how these thresholds apply to situations of EFH. This should recognise that EFH can meet statutory thresholds without requiring intra-familial harm, and that statutory duties apply to children who may also be causing harm to others.<sup>22</sup>

#### WIDER RESEARCH

Children referred to children’s services for EFH are over **six times less likely** to receive a child protection plan than those referred for harm in the home.

Hood et al. (2024)

## **B. Agree shared outcomes for what safeguarding responses to EFH should achieve for children and monitor impact.**

**Focus on the changes expected in children’s lives.** DCSs and DSSs should provide leadership through the LSP to agree a set of shared outcomes for EFH responses that prioritise children’s welfare.<sup>c</sup> Outcomes should reflect improvements in children’s wellbeing and protective relationships and the safety of their environment.<sup>23</sup> Embed these outcomes within safeguarding strategies, partnership priorities and performance frameworks. Use relevant indicators to look for sustained changes in these outcomes.<sup>24</sup> These outcomes could include:

- **Children experience reduced exposure to EFH.** This may include fewer police-recorded incidents of sexual and violent offences perpetrated by children, reduced hospital admissions for assaults with a knife, reduced exploitation or coercion, reduced repeat victimisation, fewer missing episodes linked to exploitation, and reduced contact with individuals or networks causing harm.<sup>25</sup> Children’s own sense of safety should also be captured through tools such as safety maps and surveys, alongside professional observations of whether risk has reduced and remained low over time.<sup>26</sup>
- **Children have stronger protective relationships.** These may include sustained, reliable relationships with trusted professionals (e.g. youth workers, social workers, mentors); strong, supportive relationships with parents, carers and wider family networks; and increased opportunities for children to spend time in safer friendship groups.<sup>27</sup> Children can identify trusted adults they would go to if they felt unsafe and can engage with support.<sup>28</sup>
- **Children experience improved wellbeing and stability.** This may include improvements in emotional wellbeing, reduced substance misuse, or engagement in education, training, therapeutic support or positive activities (e.g. sports, arts, youth clubs).<sup>29</sup>
- **Safety is built in contexts where harm occurs.** This may include reduced abuse, violence and exploitation in key locations (e.g. streets, parks, transport hubs, school sites and routes) and in online and digital environments (e.g. exposure to harmful online content via social media or gaming platforms).<sup>30</sup> This includes safer conditions in those spaces (e.g. active use of spaces at peak risk times, visible changes in the design of areas and layouts) and increased presence and supervision from safe adults (e.g. youth workers, transport staff, local businesses, community members).<sup>31</sup>

a. In England, s.17 and s.47 of the Children Act 1989; in Wales, care and support under s.21 and child at risk under s.130 of the Social Services and Well-being (Wales) Act 2014.

b. Children Act 1989 and Social Services and Well-being (Wales) Act 2014 and statutory safeguarding guidance: require local authorities and partners to respond when children may be at risk of harm. In England and Wales, s.47 of the Children Act 1989 requires enquiries when there is reasonable cause to suspect significant harm; Working Together 2026 emphasises that this includes harm inside or outside the home. In Wales, s.130 of the 2014 Act requires partners to report children at risk of abuse, neglect or other harm who have care and support needs, with abuse defined as occurring in any setting.

c. Children’s Social Care National Framework (England) states that children should be kept safe “in and outside of their homes,” through timely, effective multi-agency responses and a clear focus on improving outcomes.

- **Individuals and networks driving harm are disrupted.** This may include enforcement action (e.g. investigations, charges, orders), closure of drug lines, disruption of phones and social media used to organise exploitation, and loss of access to locations used to facilitate harm (e.g. cuckooed addresses, transport routes).<sup>32</sup>

**Alongside outcome indicators, monitor how well the system is responding to EFH, including:**

- Time from referral to assessment and support.
- Repeat referrals and re-referrals.<sup>33</sup>
- Escalation (e.g. child protection enquiries, entry into care or custody).
- Application of thresholds for EFH (e.g. the proportion of children receiving “child in need” or “child protection” plans or “no further action” and Welsh equivalents).<sup>34</sup>
- Points of disagreement or misalignment between partners and how effectively these are resolved.

**Use a variety of methods to monitor impact and improve the response, including:**

- Case audits and multi-agency audit programmes to assess whether safeguarding plans lead to timely action, appropriate threshold decisions and responses.<sup>35</sup>
- Practitioner insight and knowledge (e.g. from social workers, youth workers, police officers, teachers, health professionals, youth justice workers) to help explain patterns in data and where harm may be hidden.<sup>36</sup>
- Views from children and families<sup>37</sup> to highlight hidden risks and experiences of harm.<sup>38</sup> Collect this insight through structured methods (e.g. participation forums, youth advisory groups, feedback from children and families within social care assessments).<sup>39</sup>

Use the findings to identify delays, gaps and ineffective responses and document what the partnership has changed as a result.<sup>40</sup> Insight from children and families should directly inform changes,<sup>41</sup> including through mechanisms such as the LSP’s young scrutineers (or young advisors).<sup>42</sup>

### **C. Identify and address discrimination in EFH responses.**

Monitor for disproportionality and consider how race and other characteristics (e.g. gender, age, disability, socioeconomic status, care status) are reflected in both data and decision-making. Then take action to address discrimination and bias. Only 52% of panels responsible for coordinating responses to EFH routinely collect data on protected characteristics and just 5% review it at every panel. Where disproportionality is identified, only 29% always take action.<sup>43</sup>

#### **Patterns of racial disproportionality in EFH responses.**

Black children are over-represented in cases involving EFH and are less likely to receive a child protection response.<sup>44</sup> Instead, responses are more likely to escalate: Black children are more likely to enter care than White children and are over-represented in custody.<sup>45</sup> They may also be more likely to be subject to adultification and assumed to be engaging in criminal or antisocial behaviour.<sup>46</sup> More broadly, Black, Asian and Mixed-heritage children are less likely to receive early or preventative support,<sup>47</sup> and even where support is provided, almost half report that it did not help or made things worse.<sup>48</sup>

Gender also plays an important role in how harm is responded to, especially when it intersects with race, class and other forms of marginalisation.<sup>49</sup> For example, Black girls’ experiences of violence and exploitation may be overlooked or missed until their behaviours are identified as problematic, while Black boys may be more likely to be responded to through criminal justice routes.<sup>50</sup> Neurodivergence is also common among children affected by EFH but is not always recognised or consistently supported.<sup>51</sup>



#### **TIP**

*Consider drawing on the [Guide to Measuring Contextual Outcomes](#), which supports partnerships to define contextual outcomes, set clear goals and develop meaningful measures of change.*

**Conduct an Equality Impact Assessment.** Assess how patterns of harm and identification differ across groups and which groups are more likely to meet statutory thresholds, access support or be subject to enforcement.

**Consider using the following questions to examine how race and racism may be shaping local responses:**<sup>52</sup>

- **Entry routes.** Are Black, Asian and other minority ethnic children more likely to enter systems through policing or criminal justice routes rather than safeguarding pathways, and why?
- **Decision-making.** How might adultification, bias or assumptions about risk and vulnerability influence decisions?
- **Recognition of harm.** Are all forms of harm recognised, including racial bullying and experiences of racism, or are these more likely to be downplayed?
- **Outcomes.** Are Black, Asian and other minority ethnic children more likely to experience escalation, such as care entry, secure placements or police involvement, and why?
- **Experiences.** How are experiences of racism, mistrust or not feeling heard shaping engagement?
- **Access to support.** Which community or culturally specific services are trusted locally, and how are these used to support Black, Asian and other minority ethnic children and families?
- **Accountability.** When racial disproportionality is identified, what has changed in practice?
- **Information sharing.** Do information-sharing practices risk increasing surveillance for Black, Asian and other minority ethnic children without improving their safety?

Use the [Race, racism and safeguarding children report](#) by the Child Safeguarding Practice Review Panel (2025) to tackle racism and racial inequity. Appendix E contains reflective questions for safeguarding partners.



## Recommendation 2.

### Provide one pathway, one plan and one owner for children affected by EFH.

#### Why?

In many areas, responses to EFH have developed alongside statutory safeguarding processes. This has led to multiple meetings, assessments and plans operating in parallel, instead of one clear pathway.<sup>53</sup> As a result, children receive inconsistent responses. Where thresholds are met, some are supported through statutory safeguarding pathways, while others are managed through separate arrangements. In some cases, children are involved in multiple pathways at the same time, with no clear safeguarding plan or oversight.<sup>54</sup>

#### Recommended actions

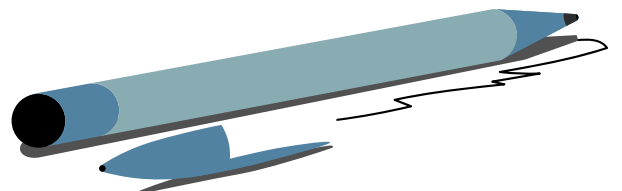
- A. Map the local system for coordinating responses to EFH.
- B. Provide an integrated safeguarding pathway with clear routes to the wider system of support.
- C. Review the use of multi-agency child exploitation (MACE) and similar panels within local arrangements.

#### What do we mean by one pathway, one plan and one owner?

**One pathway:** Responses to EFH, including serious violence, should be coordinated through the statutory safeguarding pathway and owned by children's services, rather than through separate or parallel processes. This means clear routes through Family Help and Child Protection, with children moving between levels of support as risks and needs change. Current reforms in England are bringing together early help and Child in Need support through a Family Help model, which should support more joined-up working across levels of need. However, children may also access wider early prevention and intervention services outside these arrangements, so clear routes between all parts of the system are essential.

**One plan:** The child has a single, overarching plan that brings together all relevant activity. This should align with all other plans (e.g. youth justice and Education, Health and Care plans), so that support is coordinated.

**One owner:** A named lead professional who should be responsible for coordinating the safeguarding plan. They may not deliver every element themselves, but they should maintain oversight, follow up actions and ensure that partners are aligned.



## A. Map the local system for coordinating responses to EFH.

Set aside a minimum of 2.5–4 hours for a mapping workshop with practitioners who understand local arrangements for coordinating the response to EFH.<sup>55</sup> The workshop should develop a map showing a child's current journey through the system. For example, participants might map the journey of a child who discloses to a youth worker that they were stabbed three days earlier.<sup>56</sup> The map should illustrate how the local system responds from the point of identification to assessment, planning and support. For example, in six local authorities involved in our research, children affected by EFH were discussed in as many as 7–11 core meetings per area, rising to 11–15 separate forums when peripheral meetings (e.g. missing-from-home meetings) were included. All sites had a separate 'knife crime' or 'serious violence' panel in addition to MACE (and similar) panels, convened by either the police or the community safety partnership.<sup>57</sup> Each system map should identify:

1. **What each meeting is for and who leads it.** Identify the remit, purpose and intended outcomes of each meeting or panel, who chairs it, who attends, and what types of response it can generate.
2. **How children move through safeguarding and support.** Map how children move from identification into assessment, planning and support. Include any initial triage or screening decisions; how children are assessed; how thresholds are applied; how children enter statutory safeguarding pathways, including child protection, whether there are clear routes into Family Help and wider support; and how plans are reviewed as risks change.
3. **Where coordination breaks down.** Identify where the same children may be discussed across multiple meetings or panels, creating duplication; where enforcement activity is considered separately from safeguarding plans; where thresholds or responsibilities are unclear; and where processes delay or prevent children getting the right support.

### Q CASE STUDY

#### Mapping exercise in a local authority reveals parallel processes.<sup>58</sup>

A system mapping exercise in one local authority found there was no integrated statutory safeguarding pathway for children affected by EFH, including serious violence. Responses to EFH were largely coordinated through the MACE panel, while serious violence was coordinated separately through community safety and crime reduction structures. This meant that children affected by EFH, including serious violence, were not routinely considered in statutory safeguarding processes, including child protection, even where statutory thresholds may have been met.

The mapping exercise involved practitioners describing a child's potential journey through the local system after disclosing to a youth worker that they had been stabbed three days earlier.

In this local authority:

- Responses to EFH were coordinated via the MACE panel.
- The MACE panel was co-chaired by children's services and police and, in each meeting, combined individual case discussion with thematic analysis of locations and networks.
- A pre-MACE meeting triaged cases, with a strategic MACE providing governance oversight.
- Child protection processes were not used unless harm was considered attributable to parenting.
- Discussions used a policing Victim–Offender–Location–Theme framework and red–amber–green risk ratings instead of children's services "significant harm" thresholds.
- Responses to serious violence, antisocial behaviour and high-risk locations were coordinated separately through community safety and policing structures.

The exercise helped professionals identify duplication, fragmentation and gaps across the system.



## B. Provide an integrated safeguarding pathway with clear routes to the wider system of support.

Use your systems map to test whether current arrangements deliver the key features in Table 1.<sup>59</sup>

Table 1. Key features of an integrated safeguarding pathway for children affected by EFH.

Current problems	Key features of an effective, integrated safeguarding pathway	What this looks like in practice
Children do not receive a safeguarding response.	A clear safeguarding route for every child.	<p>Every child identified in relation to extra-familial harm (EFH) is actively considered for a safeguarding assessment, whether they have experienced harm, may have perpetrated it or both.</p> <p>Any child who meets statutory thresholds is managed in the statutory safeguarding pathway, not <i>only</i> in a parallel panel or process without children’s services oversight.</p> <p>Where children don’t meet statutory thresholds, there is a clear route to Family Help and wider early intervention and prevention services.</p>
Duplication, fragmented planning and responses, and conflicting actions exist.	One overarching plan, not multiple plans.	<p>The child has one overarching plan (e.g. a child protection, Family Help, care or equivalent plan).</p> <p>EFH-specific actions sit within that plan.</p> <p>Other relevant plans (e.g. youth justice, Education, Health and Care Plans) inform and align with the overarching plan. Meetings do not create separate competing plans.</p>
Escalations are missed, children are left without appropriate support and remain in situations of harm.	Clear and revisited threshold decisions.	<p>Threshold decisions are recorded and revisited as risks develop.<sup>60</sup></p> <p>There are explicit points at which the child’s level of need is reviewed, including to determine whether a child protection enquiry is required.</p> <p>Children who do not meet statutory thresholds but remain at risk continue to receive oversight and review, including in situations where they or their family decline support.<sup>61</sup></p>
There is a lack of accountability and oversight, and safeguarding actions are not followed through.	Clear ownership and oversight.	<p>There is a named lead professional responsible for coordinating the overarching plan and ensuring agreed actions are delivered.</p>
Enforcement-led responses operate separately from safeguarding, leading to uncoordinated action.	Joined-up safeguarding, enforcement and disruption.	<p>Enforcement and disruption activity (e.g. policing, community safety) is discussed alongside and coordinated with the child’s safeguarding plan.</p>
There are delays in support and repeated referrals, and children do not get the right support as risk changes.	Movement through the pathway works.	<p>Children move between services and across thresholds seamlessly without delay. At each stage, children receive the support they need.</p>

### C. Review the use of multi-agency child exploitation (MACE) and similar panels within local arrangements.

MACE (and similar) panels<sup>d</sup> have developed in many local areas without a statutory framework or clear national guidance. As a result, their role and approach vary, and in some areas, they duplicate or replace statutory safeguarding assessment and planning. This can lead to inconsistent responses and unclear accountability.<sup>62</sup>

Use your systems map to assess whether MACE (and similar) panels duplicate or replace statutory safeguarding planning. Where duplication exists, consider removing or repurposing the panel.<sup>63</sup> Where an integrated safeguarding pathway already provides effective case oversight, partners should consider whether MACE remains necessary for individual case planning.

Aside from overseeing individual cases, MACE panels may still play an important role in identifying and responding to themes, trends, locations and barriers to effective responses.

**If the use of MACE panels continues, ensure they are thoughtfully implemented.** Where MACE (and similar) panels continue to support individual case planning, ensure:

- **They are clear on their purpose and outcomes.** Meeting structures (e.g. assessments, protocols, agendas) should prompt clear action (what will change for the child, by when, and who is responsible) that is clearly recorded and reviewed.
- **Frame discussions around the child's safety, welfare and protective relationships.** Use consistent safeguarding language and statutory thresholds (e.g. significant harm) and ensure risk is understood alongside the child's welfare needs. Avoid over-reliance on simplistic risk ratings. Instead, consider how risk presents in children's relationships and contexts and recognise that this can change over time. Include assessments of the child's protective relationships and sources of safety and where there are gaps in protection. Criteria for discussion should be based on safeguarding need and should not screen out children involved in serious violence because there are no investigatory or disruption opportunities linked to exploitation.<sup>65</sup>
- **Include practitioners who know the child well.** This should include social workers, youth justice practitioners, youth workers and school staff.<sup>66</sup>
- **Focus on a manageable number of children.** Structure meetings around one child or a connected group of children at a time.<sup>67</sup>
- **Bring children's views into planning.** Use children's safety maps (a tool used to help children describe where they feel safe and unsafe), input from a trusted practitioner or direct participation by children and families.<sup>68</sup>
- **Connect to education and inclusion processes.** Create formal links to education and inclusion processes so concerns about attendance, suspensions, permanent exclusions, reduced timetables and children's learning can be escalated and addressed.<sup>69</sup>
- **Set clear ownership.** Agree who leads the panel and ensure this reflects a shared purpose and culture across safeguarding and policing partners. Reconsider arrangements (e.g. co-chairing between police and children's services) that divide responsibility without ensuring clarity on how decisions are made.
- **Set clear expectations for information-sharing.** Information-sharing should be limited to what is needed for safeguarding decisions and actions. Actions around further information-gathering should have a clear safeguarding purpose (e.g. finding out about a child's friends to develop an offer of support to the friendship group).<sup>70</sup>

d. The term "MACE (and similar) panels" is used here to refer collectively to MACE and equivalent multi-agency operational panels used to coordinate responses to EFH. This includes MACE panels focused on individual case oversight, thematic oversight (e.g. locations, trends, perpetrators) and locally named equivalents, such as exploitation, harm outside the home or extra-familial risk panels.

**Consider how you can use MACE panels for thematic oversight.** These panels can bring partners together around themes, locations and networks that are affecting the safety of multiple children.<sup>71</sup>

To deliver this function:

- **Bring together a wide variety of partners.** Ensure core partners (e.g. children's services, police, health, education and youth justice) are joined by youth workers; Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations; and housing.<sup>72</sup>
- **Focus on themes, not individual children.** Combine multi-agency data and practitioner intelligence to identify networks, peer groups and locations causing harm, and use this to coordinate with police and community safety partners to make those contexts safer.<sup>73</sup>
- **Escalate system issues.** Identify barriers to effective responses and escalate these through the LSP to influence partners' commissioning decisions, including ensuring gaps in services and support are addressed.
- **Position MACE within the wider system.** Ensure MACE is clearly linked to safeguarding, community safety and strategic governance arrangements and does not operate as a standalone forum.<sup>74</sup>





### Recommendation 3.

#### Strengthen multi-agency capability to respond to EFH.

##### Why?

Children are better protected from EFH when the multi-agency teams responsible for safeguarding them have the right people and skills to respond effectively.

##### Recommended actions

- A. Embed and protect specialist expertise in EFH within multi-agency teams.
- B. Collaborate effectively across agencies to respond to EFH.

##### Which teams does this apply to?

This recommendation applies to the multi-agency teams responsible for safeguarding children affected by EFH across different levels of need:

- **Family Help teams (England):** Multi-disciplinary teams bringing together a range of practitioners and agencies to reflect the breadth of needs within families, including intra- and extra-familial harm.
- **MACPTs (England):** Teams including lead child protection practitioners, senior police, health and education practitioners, with additional expertise, such as youth justice, contextual safeguarding, CCE or CSE specialists, brought in to reflect local needs and harm profiles.
- **Any specialist EFH team (England & Wales):** Including complex safeguarding, specialist exploitation or adolescent safeguarding teams operating locally.

##### A. Embed and protect specialist expertise in EFH within multi-agency teams.

**Make EFH expertise a core safeguarding capability within multi-agency teams.** EFH is often complex. Practitioners need the expertise, confidence and professional judgement to recognise multiple forms of harm and to respond when evidence is uncertain.<sup>75</sup> Local leaders should build and protect dedicated EFH capacity through specialist teams, dedicated roles or named practitioners whose main responsibility is EFH. Ensure specialist EFH expertise is not diluted if it is absorbed into generalist teams (e.g. within MACPTs and Family Help teams).

**Ensure multi-agency child protection services (MACPTs in England) have the capability to consistently deliver a timely child protection response to significant EFH:<sup>e</sup>**

- **Expertise.** Do they have an excellent understanding of all forms of EFH, including serious violence, and how they co-occur and interact across home, school, community and online contexts and how they accumulate over time?
- **Assessment.** Does the team have the capability to assess harm across these contexts (not just within the home) and use this to inform decision-making?

e. [Families First Partnership Guide: Delivery Expectations for Statutory Safeguarding Partners \(England\)](#): A child protection response to significant EFH should be “comprehensive and timely,” requiring coordinated, multi-agency intervention.

- **Thresholds.** Does the team have the capability to consistently apply child protection thresholds to EFH?
- **Planning.** Does the team have the capability to consistently plan, coordinate and oversee multi-agency responses that reduce risk and build safety across contexts to meet the child's needs?

**Ensure early help and family support services (Wales) and Family Help teams (England) working with children at risk of EFH have the capability to:**

- **Reach and respond to adolescents affected by EFH.** Children affected by EFH are often adolescents,<sup>76</sup> so teams and lead practitioners need the confidence and skills to engage them directly, build trust, support them to access services and stay involved.<sup>77</sup>
- **Recognise early indicators of EFH.** Identify emerging changes in behaviour or relationships – such as weapons carrying, drug use, unsafe peer associations or patterns of absence from education or home – that may signal exploitation or escalating risk.<sup>78</sup>
- **Respond to risk across contexts.** Support the child and family while working with partners to reduce risk and build safety in peer groups, schools, community and online contexts.
- **Escalate where risk is serious.** Recognise when risk is increasing and meets thresholds for statutory safeguarding and escalate accordingly.

**Provide high-quality supervision.** Responding to EFH can be emotionally demanding for practitioners. The severity of harm, alongside the complexity and number of children discussed, can create significant anxiety and pressure.<sup>79</sup> Ensure practitioners have access to regular, high-quality supervision to process the impact of the work.

**B. Collaborate effectively across agencies to respond to EFH.**

**Embed evidence-informed practice principles.** Embed the [Department for Education Multi-agency Practice Principles \(England\)](#) for responding to child exploitation and EFH and the [National Multi-agency Practice Framework for Children's Services \(Wales\)](#) to provide a shared language and framework for multi-agency working.

In addition, consider the following principles to support coordination between agencies:

- **Co-locate multi-agency teams responding to EFH.** Aim to base practitioners from children's social care, police, health and VCFSE organisations in shared settings to strengthen relationships between partners and enable day-to-day collaboration and faster decision-making.<sup>80</sup>
- **Involve youth workers in safeguarding processes.** Despite their frontline role working with children affected by EFH, youth workers are too often left out of multi-agency responses.<sup>81</sup> Where a youth worker is already formally working with a child, they should be invited to contribute to that child's safeguarding discussions and planning. Local areas should have clear arrangements in place for when and how youth workers are involved in safeguarding processes, so they can contribute effectively from referral through to assessment, planning, and the delivery of the response.<sup>82, 83, 84</sup> For further details on how to embed youth workers in safeguarding responses, see the [YEF's Youth Sector Guidance on violence prevention](#).
- **Coordinate safeguarding and enforcement activity together.** Maintain clear connections to community safety and policing activity to ensure that safeguarding and enforcement reinforce each other.<sup>85</sup> For example, where violence is concentrated around a transport hub, shopping area, school route or park, partners should agree a joint plan to make that place safer. A coordinated response could include: youth workers being present at peak risk times, transport staff and local businesses being briefed on safeguarding concerns, better lighting or removal of objects that could be used as weapons, and the targeted use of policing, civil and criminal powers against adults or the networks exploiting children in the location, including the new CCE offence and prevention order created by the [Crime and Policing Act 2026](#). Partners should ensure this activity does not inadvertently increase risk for children connected to those adults, networks or locations.
- **Actively prevent criminalisation.** Build in routine multi-agency scrutiny of decisions (e.g. charging, arrests, breaches, diversion) to identify and challenge where children are being criminalised instead of safeguarded, while recognising that proportionate criminal justice responses may be required in some cases.<sup>86</sup>



### Recommendation 4.

## Offer high-quality mentoring for children at risk of involvement in violence.

### Why?

Trusting relationships with safe adults can help protect children from involvement in violence and may be particularly valuable for children in care and care leavers.<sup>88</sup> For these children, mentoring can improve employability, reduce offending and support general mental health.<sup>89</sup> However, mentoring provision is patchy, and many programmes only offer short-term support.<sup>90</sup>

### Recommended actions

- A. Make mentoring a core part of the safeguarding and wider support offer.
- B. Ensure mentoring is high-quality and relationships are sustained.
- C. Prioritise mentoring for children in care and care leavers.

#### A. Make mentoring a core part of the safeguarding and wider support offer.

Ensure mentoring is available as part of the safeguarding and wider support offer for vulnerable children, especially where children are at risk of EFH, including serious violence; are disengaging from education; are at risk of entering care or already in care; or have limited access to trusted adults.<sup>91</sup>

Review local data to understand which children supported by children's services may benefit from mentoring. Speak to local partners (e.g. VCFSE organisations, national providers) who deliver or fund youth provision to find out what mapping has already taken place, to build a picture of what provision is already available and where there are gaps.<sup>92</sup> Use this information to target commissioning where mentoring is most needed, including for groups that are currently underserved.<sup>93</sup>

#### B. Ensure mentoring is high-quality and relationships are sustained.

Fund mentoring programmes that provide one-to-one support from a safe adult.<sup>94</sup> This should involve at least six months of weekly meetings, each lasting 1-2 hours.<sup>95</sup>

Ensure mentors receive regular supervision and have basic training in safeguarding, relationship development and maintenance. They need to understand what local services are available for children, and they should receive specialist safeguarding training covering EFH and relevant statutory safeguarding and legal processes.<sup>96</sup> Mentors should also be trained in specific areas relevant to the children being mentored, such as CV writing or criminal justice procedures.<sup>97</sup>

#### Ensure children receive sustained, high-quality mentoring relationships.

Mentoring is most likely to support children when services actively manage the quality of the relationship. When commissioning mentoring:

- Set clear expectations for quality within commissioned services.<sup>98</sup>

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#### YOUTH VOICE

"[Since] I've been doing sessions with [my mentor], I've had encounters where a fight could have happened... [The techniques my mentor showed me have] helped me in actual scenarios, and it's helped me stay calm...if I didn't have a trusted adult, I reckon I could have gone down a very, very bad path of violence".

Young person interviewed by the YEF's Peer Action Collective (2025)

- During recruitment, rigorously assess mentors' suitability, motivations and commitment.<sup>99</sup>
- Develop a protocol for matching mentors and mentees that considers mentees' interests, opinions, needs and aspirations and mentors' skills, experience and cultural competency.<sup>100</sup>
- Ensure children have a say in their mentoring relationships,<sup>101</sup> including who their mentor is and how the relationship works.<sup>102</sup>
- Assess and adapt to mentees' needs and remove barriers to engagement (e.g. lack of transport to sessions).<sup>103</sup>
- Manage the end of the mentoring relationship carefully to avoid feelings of abandonment or loss. Communicate an end-date, provide the mentee with resources or contacts for other relevant organisations and celebrate progress.<sup>104</sup>
- Monitor access, quality and continuity of mentoring. Track whether relationships are sustained and whether children experience improved stability and wellbeing.<sup>105</sup>

### C. Prioritise mentoring for children in care and care leavers.

Children in care and care leavers should be prioritised for access to high-quality mentoring.<sup>106</sup> Many experience disrupted relationships, isolation and instability and are less likely to have consistent, supportive adults.<sup>107</sup> Mentoring can provide a stable, trusted relationship that supports wellbeing, self-esteem and transitions to adulthood.<sup>108</sup>

Ensure every child in care who would benefit has access to a consistent, trusted adult.<sup>109</sup> Prioritise groups of children in care who may be at greater risk of isolation or poor outcomes, including:

- Children in residential care or supported accommodation.<sup>110</sup>
- Children experiencing multiple placement moves.<sup>111</sup>
- Care leavers transitioning to independence.<sup>112</sup>
- Children affected by EFH, including serious violence.<sup>113</sup>

#### Ensure mentoring relationships are sustained through periods of instability and across key transitions:

- Commission services to sustain mentoring relationships across geographical moves<sup>114</sup> and changes in service involvement (e.g. between local authorities, placements, schools, youth justice and leaving care services).<sup>115</sup>
- Begin mentoring once risks start to emerge. Key moments such as entry to care, behavioural incidents (particularly in residential care), school disengagement, missing episodes or early offending should prompt support.<sup>116</sup>
- Ensure mentoring provides a stable, supportive relationship that complements, but is distinct from, statutory roles. This includes roles such as independent visitors and personal advisers.<sup>117</sup>
- Sustain mentoring through key transitions, particularly for care leavers and into adulthood.<sup>118</sup> Mentors can support independence; access to education, employment and housing; and the development of positive social networks.<sup>119</sup>
- Ensure mentors support children to engage with wider services, including statutory and therapeutic support, and help them navigate systems.<sup>120</sup>

#### YOUTH VOICE

"Most of the staff were agency, so they don't get to know you or show you respect, as they don't really care. New faces every day."

"One of my worries is that if I have to leave my placement to live on my own, I'll have to take care of everything, as I don't have anyone to rely on. Basic life skills are not really there for me. I don't know what happens when I'm 18."

Callum, 16, interviewed as part of the YEF's research into the care system (2026)

#### TIP

*Local leaders and commissioners should use this guidance alongside [Foundations Practice Guide on mentoring and befriending for care-experienced children and those at risk of entering care](#). It sets out key principles for designing and delivering accessible mentoring support and evidence-based recommendations on effective models.*



## Evidence-based interventions

### Recommendation 5.

#### Provide evidence-based parenting and family therapy programmes to improve parenting practices and family functioning, and reduce behavioural difficulties in children.

##### Why?

Evidence-based parenting programmes reduce parental stress and children's behavioural difficulties that can be linked to later involvement in violence,<sup>121</sup> while family therapy can improve family functioning, with some models – such as Functional Family Therapy and Multisystemic Therapy – showing reductions in violent crime.<sup>122</sup>

##### Recommended actions

- A. Prioritise programmes that have been robustly evaluated.
- B. Match the programme type to children's and families' needs.
- C. Build a flexible support offer and equip practitioners to deliver it effectively.
- D. Monitor take-up, completion and outcomes by demographics and address gaps.



##### CAUTION

Be mindful of the overlapping challenges families often experience, such as parental stress, conflict, mental health difficulties, poverty or unstable housing.<sup>123</sup> Parenting support should sit within a coordinated safeguarding response involving agencies such as schools, youth services, health providers, housing and, where relevant, youth justice services.<sup>124</sup>

Children's behavioural difficulties may also reflect signs of EFH.<sup>125</sup> Parenting and family therapy programmes may help where family difficulties increase children's vulnerability to EFH, but they should form one element of a wider multi-agency response that addresses both family needs and the extra-familial contexts where harm is occurring.<sup>126</sup>

Where EFH is the primary concern and parents' capacity to protect their child is undermined by extra-familial factors, such as exploitation, parenting support should focus on strengthening parents as protective partners within the wider safeguarding plan, rather than treating parenting as the source of risk.<sup>127</sup>



## A. Prioritise programmes that have been robustly evaluated.

Use trusted sources, such as the [Foundations Guidebook](#) and the [YEF Toolkit](#), to identify and select evidence-based programmes. When deciding which programmes to commission, consider:<sup>128</sup>

- Whether programmes have been proven to improve outcomes for children and parents.
- Whether the evidence includes families with similar backgrounds to those in your local area.
- Whether programmes address the types of needs seen locally.
- Whether the programme can be delivered in accordance with the model (e.g. are you able to meet the training and supervision requirements for delivering the programme well?).<sup>129</sup>



### CURRENT PRACTICE

We surveyed one-third of local authorities across England and Wales; of these, 33% reported that they were not delivering evidence-based parenting or family therapy programmes.<sup>f</sup>

## B. Match the programme type to children's and families' needs.

**Commission parenting programmes where there is a need to reduce behavioural difficulties and improve parent-child relationships.** Evidence-based parenting programmes help parents develop strategies for managing emotions, supporting positive behaviour and developing responsive relationships with their child.<sup>131, 132</sup>

They are typically most appropriate for:

- Younger children aged 3-8 years (though age ranges vary by programme).
- Families where behavioural difficulties are emerging or persistent but not yet severe.
- Situations where strengthening parenting skills and family routines is likely to reduce behavioural difficulties.<sup>133</sup>

Parenting programmes are often delivered in groups over multiple sessions, usually facilitated by trained practitioners in community settings, but they can be delivered in one-to-one formats, where families face barriers to group participation.<sup>134</sup>

Foundations' Parenting Through Adversity (0-10) and (11-18) Practice Guides set out evidence-based recommendations on specific interventions and principles for designing and delivering parenting and family support.<sup>135</sup>

**Commission family therapy programmes for children at risk of or involved in violence and where there are difficulties in the family environment.** Evidence-based family therapy programmes are typically offered to the entire family. They can involve work with all family members, work with the parents as a couple and individual work with each parent and each child. They aim to address patterns of interaction across the family and focus on communication, problem-solving and family relationships.<sup>136</sup>

Family therapy programmes are typically most appropriate for:

- Older children and young people, often aged 10-17.
- Families experiencing more severe behavioural difficulties or conflict.
- Young people already involved in offending or at high risk of involvement.
- Young people who may be at risk of being placed in care.

f. Programmes with evidence ratings of 3 or higher in the Foundations Guidebook.

These interventions are usually more intensive than parenting programmes. They involve frequent contact with families and coordinated work across the systems around the child, such as school, peers and community settings. For example:

- **Functional Family Therapy.** Focuses on improving family relationships and communication while helping families develop practical strategies to reduce conflict and support positive behaviour.<sup>137</sup>
- **Multisystemic Therapy.** Works intensively with families and the wider systems around the child, including school, peers and community influences, to address the factors contributing to serious behavioural difficulties.<sup>138</sup>

These programmes require specialist therapists, structured training and close supervision, alongside clear referral routes, quality monitoring and coordination with other services.<sup>139</sup>

**Establish joint commissioning arrangements with health partners to fund and sustain family therapy provision.** These arrangements can help to ensure that referral routes are clear between services, funding is shared and programmes are delivered consistently across systems.<sup>140</sup>

### C. Build a flexible support offer and equip practitioners to deliver it effectively.

**Offer flexible delivery options and ensure support is culturally responsive and respectful of families' experiences.**<sup>141</sup> Provide a range of programmes with different levels of intensity and delivery formats so families can access support in ways that work for them. These may include group programmes, one-to-one support and more intensive family therapy programmes, including adapted or additional support for families whose needs may not be fully met through group programmes alone (e.g. parents of children with special educational needs and disabilities [SEND]).<sup>142</sup>

The following actions could help you develop a tailored portfolio of support:

- **Maintain an ongoing understanding of family needs through engagement with existing services and families.**<sup>143</sup> Feedback from families can provide insight into their preferences and barriers to accessing existing support.<sup>144</sup>
- **Work with VCFSE organisations to co-produce the local offer.**<sup>145</sup> These organisations can help ensure programmes reflect the cultural identities and values of local families, which may improve engagement.<sup>146</sup>
- **Consider how commissioning arrangements enable VCFSE organisations, including smaller grassroots and "by-and-for" organisations (such as Black-led groups), to contribute to support.** Consider using simplified commissioning processes, small grants schemes, partnership delivery models and practical support (e.g. training, supervision, sustainable funding) to support their involvement in delivery.<sup>147</sup>

Adaptations should focus on practical delivery issues, such as location, scheduling, format or integration with existing services, rather than altering the core methods or content that drive effectiveness.<sup>148</sup> For example, programmes may be delivered in the evenings, through home-based sessions, using hybrid formats or with translated materials.<sup>149</sup>

**Equip practitioners to deliver parenting and family support effectively.**<sup>151</sup>

Practitioner skill, support and relationships with families play a critical role in engagement and impact.<sup>152</sup> Ensure they understand which



#### TIP

*Consider recruiting for roles such as local evidence leaders who can help commissioners interpret the evidence base, assess the fit with local need and support implementation<sup>130</sup> This approach was tested in the Changemakers programme (funded by Foundations and the YEF, with evaluation results due to be published in 2026).*



#### TIP

*Work with programme developers to plan and document local adaptations while ensuring core components remain intact.<sup>150</sup>*

programmes are available, which families they are intended for and how families can access them.<sup>153</sup> Support high-quality delivery through manageable workloads and appropriate training.<sup>154</sup> Training should equip practitioners to use behaviour management and parenting skills approaches, recognise signs that children may be experiencing EFH, make appropriate onward referrals and deliver culturally responsive support.

#### D. Monitor take-up, completion and outcomes by demographics and address gaps.

Monitor participation and outcomes to help ensure parenting and family therapy programmes reach the families who need them most and are achieving the intended outcomes.<sup>156</sup>

Local areas should routinely collect and review quantitative data on:

- Referrals and eligibility.
- Programme attendance and completion.
- Outcomes for parents and children (e.g. improvements in children's behaviour, parenting confidence, family functioning, parental stress).

Review this data at regular intervals (e.g. quarterly) alongside feedback from children and families to understand who is accessing support, who is not and why.<sup>157</sup> Use this data to identify barriers to engagement and duplication across services and to highlight groups that may not be accessing or completing programmes. For example, data may show whether programmes are reaching:

- Families from Black, Asian and other minority ethnic backgrounds.
- Parents of children who are in care or have SEND.
- Families experiencing socioeconomic disadvantage.<sup>158</sup>

Act on this insight to improve reach. For example, you may need to adapt referral routes, adjust delivery formats (e.g. timing, location, mode of delivery) or strengthen outreach through trusted community organisations.<sup>159</sup>

#### CURRENT PRACTICE

We surveyed one-third of local authorities across England and Wales. Only 39% of survey respondents reported that their local authority monitored programme reach by demographic characteristics.<sup>9, 155</sup>

#### TIP

*Use outcome measures from evidence-based programmes to assess whether similar results are being achieved locally.<sup>160</sup>*



g. Based on 56 of 93 respondents who reported having an overarching understanding of parenting and family therapy provision in their local authority.



## Evidence-based interventions

### Recommendation 6.

#### Support access to therapy for children who are at risk of involvement in violence.

##### Why?

Psychological therapies, such as cognitive behavioural therapy (CBT), can reduce violent offending, particularly for children already in contact with the criminal justice system.<sup>161</sup> Yet children involved in violence often face significant barriers to accessing mental health support.<sup>162</sup>

##### Recommended actions

- A. Jointly commission evidence-based CBT and support children to engage.
- B. Monitor access to mental health support and improve referrals.

#### Working with health partners

Access to mental health support is often constrained by pressures within the health system, including long waiting times, high thresholds for support, rejected referrals and changes to local commissioning arrangements.<sup>163</sup> While children's services cannot resolve these challenges, they can work with health partners to identify need early, improve referral pathways and reduce avoidable barriers to support.

##### A. Jointly commission evidence-based CBT and support children to engage.

Develop joint commissioning plans with Integrated Care Boards (England) and Local Health Boards (Wales)

to ensure CBT is available locally for children at risk of involvement in violence, where assessment indicates that it is appropriate and acceptable for the child. CBT can reduce violent offending when delivered as intended with sufficient intensity.<sup>164</sup> When applied to violence prevention, CBT is based on the idea that negative or impulsive thoughts could lead to aggressive behaviour. Through the support of a trained therapist, CBT aims to help children and young people become more aware of these thoughts and learn to change or manage them.<sup>165</sup>

Joint commissioning plans should ensure:<sup>166</sup>

- Sufficient therapist capacity.
- Maintenance of the quality of therapy delivered.
- Appropriate training and supervision for therapists.
- Clear referral pathways.



**Support children to engage with therapy.** Even where therapy is available, children involved in violence often face barriers to attending and completing treatment.<sup>167</sup> These may include unstable housing, family disruption, placement breakdown, school exclusion, custody proceedings, transport difficulties or mistrust of services.<sup>168</sup> Support engagement through:

- **Culturally responsive delivery.** Ensure therapy meets the needs of Black, Asian and other minority ethnic children by using culturally relevant examples and language, understanding the cultural contexts shaping children’s experiences and offering therapy in settings that feel accessible and trusted by children.<sup>169</sup> Working with trusted community organisations can help improve engagement, particularly where stigma, mistrust or cultural barriers discourage help-seeking.<sup>170</sup>
- **Flexible delivery.** Offer appointments at various times and deliver therapy in safe settings that children already attend, such as schools or community settings.<sup>171</sup>
- **Trusted adult support.** Involve professionals (e.g. youth workers, mentors) who already have relationships with the child to encourage attendance and engagement.<sup>172</sup>
- **Persistence and re-engagement.** Recognise that missed sessions or disengagement may reflect being afraid, feeling unsafe or having had negative experiences with services, rather than lack of need, and respond with follow-up, flexibility and opportunities to re-engage without repeated referrals or reassessment.<sup>173</sup>
- **Time to build trust and rapport.** Allow time at the outset to develop trust because for some children, particularly those who are guarded or distrustful, rapport-building may be a necessary part of care, rather than a sign they are not ready for treatment.<sup>174</sup>

## B. Monitor access to mental health support and improve referrals.

Some children experience unequal access to Child and Adolescent Mental Health Services (CAMHS).<sup>175</sup> For example, children with social work involvement for current concerns are 2-3 times more likely to be rejected from CAMHS than their peers.<sup>176</sup> Referrals may be affected by how services interpret instability. Some children’s needs are viewed as too “social” or too “chaotic” or lacking a sufficiently stable base for therapy, which could lead to rejection rather than treatment.<sup>177</sup>

Work with health partners to review how children at risk of involvement in violence access mental health services. This should include reviewing referral patterns, outcomes and the reasons children do not progress into support, as well as disparities across age, race, gender and key vulnerabilities, such as neurodivergence, parental risk factors or socioeconomic disadvantage.<sup>178</sup> Evidence suggests Black children are a third less likely to be referred than White children, and Asian children are half as likely to be referred.<sup>179</sup>

Use this information to improve access, referral forms and pathways and to strengthen joint working between children’s services and health partners.

**Consider working with health partners on the following improvements:**

- **Develop joint referral pathways.** Agree clear pathways between children’s services and CAMHS so children are not passed between services without assessment. This could clarify responsibilities and thresholds, reduce delays in assessment and decrease missed opportunities for early support.<sup>180</sup>

### YEF RESEARCH

62% of teenage children who have perpetrated serious violence report that they have hurt themselves or considered ending their own lives. Most of these children aren’t receiving treatment, and 44% report using AI chatbots for advice or support. YEF (2025)



- **Develop shared referral templates.** Referral forms should clearly describe the child's needs and why therapeutic support may be required.<sup>181</sup> Improving the quality of referrals may reduce inappropriate rejection.<sup>182</sup> For example, referrals should describe:
  - Observable emotional or behavioural concerns.
  - Where possible, the child's own account of their experiences and distress.
  - Clear descriptions of presenting difficulties and their impact on functioning.<sup>183</sup>
- **Support social care staff in identifying mental health needs.** Staff may need additional training to strengthen their recognition of mental health needs and improve referral quality.<sup>184</sup> This should include addressing racial and adultification bias affecting children involved in violence. These biases can lead to children, particularly Black boys, being perceived as older or more responsible for their behaviour, increasing the risk that distress is interpreted as "challenging behaviour" rather than a mental health need and thus delaying support.<sup>185</sup>
- **Maintain safeguarding oversight once referrals are accepted.** Social workers can play an important role in supporting engagement with therapy, particularly for children experiencing family or placement instability or safeguarding concerns.<sup>186</sup> Social workers should maintain safeguarding oversight and coordinate support where wider risks or unmet needs may affect a child's ability to engage with treatment.<sup>187</sup>





# Recommendation 7.

## Proactively safeguard children in care from violence.

### Why?

Children entering care are increasingly older and more likely to have complex needs linked to EFH.<sup>188</sup> Once in care, they can face further exposure to exploitation<sup>189</sup> and increased criminal justice contact, particularly those living in children's homes.<sup>190</sup> Yet these children are less likely than their peers to receive a safeguarding response.<sup>191</sup>

### Recommended actions

- A. Provide stable placements that protect children from EFH.
- B. Ensure care plans proactively identify and reduce the risks of EFH.
- C. Provide high-quality training to foster carers and residential staff to support children affected by EFH.
- D. Develop local protocols to reduce criminalisation of children in care and care leavers.

### A. Provide stable placements that protect children from EFH.

Placement instability is associated with poorer outcomes, including more missing episodes, substance misuse, youth justice involvement and emotional, social and behavioural difficulties.<sup>192</sup> Many children affected by EFH are placed in settings that do not meet their needs, and they experience higher levels of placement instability than other children in care.<sup>193</sup> This can include frequent or unplanned moves, placements far from home, poorly matched foster care, residential placements and the use of supported accommodation for 16–17-year-olds.<sup>194</sup> In some cases, children with highly complex needs are subject to restrictive arrangements, including Deprivation of Liberty orders, where no suitable alternative placement is available.<sup>195</sup>

These patterns reflect wider pressures on the care system, including shortages of suitable placements and increasing reliance on less regulated provision. While children's services cannot control all sufficiency and market pressures, they should use available levers to plan for the needs of children affected by EFH, including serious violence.<sup>196</sup> This should include analysing local demand, improving access to high-quality specialist placements close to home and prioritising placements that can meet children's needs.

### Keep children safely within their families wherever possible.

The primary goal should be to keep children safely within their families. This recommendation focuses on children already in foster and residential care but should be read alongside wider efforts to strengthen family support, including the implementation of the [kinship care strategy](#) (England), investment in Family Help, and wider early intervention and edge-of-care services to prevent escalation into care.



## B. Ensure care plans proactively identify and reduce the risks of EFH.

**Recommendations 1–3 apply to children in care.** Children in care should receive a robust safeguarding response to EFH that is integrated with care planning and placement decisions.

Ensure care plans include a clear assessment of children’s risk of EFH, including serious violence, alongside their wider needs. This should draw on input from key professionals who know the child and should be updated at key points – including entry to care, placement moves, significant incidents and reviews. Plans should include:

- **Individual vulnerabilities.** This includes going missing, carrying a weapon, school exclusion or non-attendance, drug use, exposure to domestic violence and previous experiences of EFH, including violence victimisation or perpetration.<sup>197</sup>
- **Contexts of harm.** This includes where the child spends time and whom they spend it with, including peer groups, neighbourhoods, schools and online spaces.
- **Care system factors.** These are features of the care system (e.g. residential care placement, out-of-area placement, multiple moves) that can interact with a child’s existing vulnerabilities and increase their involvement in offending and exposure to EFH.<sup>198,199</sup> This includes:
  - **Placement type.** Children in residential care may experience increased exposure to harmful peer influences and targeting by exploiters.<sup>200</sup>
  - **Distance from home.** Out-of-area placements can disconnect children from family, school and trusted adults, while risks (e.g. exploitation networks) may continue or increase.<sup>201</sup>
  - **Placement stability.** Frequent moves or breakdowns disrupt relationships, oversight and support.<sup>202</sup> Unplanned placement moves can result in children being placed in areas where they face active threats (e.g. being housed alongside rival gang members).<sup>203</sup>
  - **Relational stability.** High staff turnover or reliance on agency staff reduces consistent, trusted relationships, which are a key protective factor against exploitation and violence.<sup>204</sup>
  - **Responses to behaviour.** Lower thresholds for police involvement in foster, residential and semi-supported care settings can lead to the criminalisation of behaviour linked to trauma or unmet need.<sup>205</sup>

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### YOUTH VOICE

“Everyone knows that anything is better than residential care homes when it comes to being safe and staying out of trouble.”

Callum, 16, interviewed as part of the YEF’s research into the care system (2026)

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### YOUTH VOICE

“I was really close to about three of the workers; that’s why I said that this placement has been like a family to me.”

Jack, 17, interviewed as part of the YEF’s research into the care system (2026)

**Use this assessment to inform care plans and placement decisions.** Consider where the child is placed, what support is provided and how the placement will be kept safe and stable. Decisions should involve relevant professionals, be reviewed as risks and needs change, and be informed by the child’s views.<sup>206</sup>

Children should receive clear, timely communication about decisions and the support in place.<sup>207</sup>

Care and placement plans should set out how risks will be reduced and needs met, including how:<sup>208</sup>

- Risks within and outside the placement will be managed with multi-agency safeguarding teams.
- Consistent, trusted relationships will be established and sustained.
- Therapeutic and specialist support will be accessed.
- The risk of criminalisation will be minimised.
- Placement stability will be supported and breakdown prevented.

Where there is reasonable cause to suspect significant EFH, consider whether a child protection plan (England) or care and support protection plan (Wales) is needed alongside the care plan.

**Review the use of out-of-area moves to protect children from EFH.**

 **CURRENT PRACTICE**

Out-of-area placements are often used as a protective response to EFH. In our survey of MACE (and similar) panels, over a third (39%) had discussed or recommended an out-of-area move in the previous three months, often to protect children from exploitation or perpetrators, to prevent immediate harm or because no suitable local placement was available.<sup>209</sup>

**Ensure out-of-area moves have a clear safeguarding rationale.**

Evidence from practice suggests they are not always appropriate, and risk may remain or increase after a move.<sup>210</sup> Exploitation can continue across locations when children remain connected through phones and online platforms, unless those links are disrupted.<sup>211</sup>

Risk may also increase where underlying needs are not addressed or where children lose access to existing support, education and positive relationships.<sup>212</sup>

**Assess the likely impact on the child's safety, relationships and support.** Consider:

- Whether the child will have consistent support from trusted professionals before, during and after the move.
- How relationships with family and trusted adults will be maintained.
- How disruption to education will be minimised.
- Whether risks are likely to continue in the new area and how these will be managed.<sup>213</sup>

Where a move goes ahead, the placing and host local authorities should share information in advance to ensure that support is in place immediately.<sup>214</sup>

Keep out-of-area and repeated moves under regular review. If risk does not reduce, plans should be revisited and alternative approaches considered.

**C. Provide high-quality training to foster carers and residential staff to support children affected by EFH.**

Ensure foster carers and residential care staff receive high-quality training and supervision. This could include:<sup>215</sup>

- Identifying EFH; how it features across peer, school, community and online contexts; and where to make onward referrals to relevant specialist support.
- Understanding specific risks faced by girls in care, such as an increased risk of sexual exploitation.
- Understanding how racism may affect Black, Asian and other minority ethnic children in care, as well as the available options for culturally relevant support.
- Using approaches to reduce the escalation of behaviours linked to trauma, neurodivergence, emotional dysregulation and distress.
- Making safe decisions during and after high-risk situations (e.g. violent incidents in the care home).

 **TIP**

*Use the Resourcing Safety project tool (Durham University) to guide consideration for the use of out-of-area placements for children at risk of EFH.*

 **YOUTH VOICE**

*“Staying near my hometown and school was important to me, as it helped me stay grounded. For children that have to move to a different area, I think this causes instability and uncertainty with not knowing what to expect from a new environment.”*

Zainab, 23, interviewed as part of the YEF's research into the care system (2026)



Foundations Practice Guide on support for foster carers sets out evidence-based principles and recommendations to improve placement stability, carer wellbeing, children’s behaviour difficulties and carer–child relationships.

### D. Develop local protocols to reduce criminalisation of children in care and care leavers.

Children in care, particularly those in residential homes, foster care and supported accommodation, experience high levels of police contact, even for relatively low-level incidents.<sup>216</sup> This is partly driven by the police responding to behaviour in care settings that would not lead to police involvement in family homes.<sup>217</sup>

The National Protocol for Reducing Unnecessary Criminalisation of Looked-after Children and Care Leavers (England)<sup>218</sup> and the All-Wales Protocol for Reducing the Criminalisation of Care Experienced Children and Young Adults (Wales)<sup>219</sup> encourage local agencies to co-develop arrangements for implementing the protocol.

However, many areas do not have one in place, and, where protocols exist, they are often limited in scope, for example, by excluding private homes or care leavers or by not addressing race and ethnicity.<sup>220</sup> This is key; around 84% of children’s homes registered in 2024–2025 in England and Wales were privately run.<sup>221</sup>

**Implement local protocols led by children’s services.** Children’s services should lead the development of the local protocol, but it should be jointly owned and delivered by multi-agency partners, including police, health and youth justice. Link the protocol to corporate parenting responsibilities to secure partner commitment.<sup>222</sup> Ensure it is formally agreed by senior leaders across agencies, overseen by the LSP and Corporate Parenting Board, and embedded in the local corporate parenting strategy.<sup>223</sup> Use regional partnerships to align expectations across police forces and care home providers so that children placed within a neighbouring authority receive a consistent response.

When developing and implementing protocols:

- **Include all relevant partners and placement types.** Agreements should involve children’s social care, police, health, youth justice services, residential and foster care providers (including private and independent providers), Crown Prosecution Service and the courts.<sup>224</sup> They should cover all children in care and care leavers, including out-of-area and privately run children’s homes.
- **Apply protocols at key decision points.** Use operational forums and early placement planning, such as 72-hour care meetings, to agree how behaviour will be understood and managed.<sup>225</sup> This can build a shared understanding of the child’s circumstances and prevent avoidable escalation.
- **Review implementation and monitor impact.** Track police callouts to care settings, including the frequency, reasons and outcomes, such as no further action, arrest, charge or diversion. Review how these vary by placement type, provider, race and ethnicity, gender, and disability.<sup>226</sup> Use regular multi-agency reviews to challenge disproportionate responses, improve consistency across placements and providers, and escalate concerns to the LSP and Corporate Parenting Board where needed.<sup>227</sup>

#### YOUTH VOICE

“It’s been difficult because [...] every time I get angry or argue with staff, they call the police.”

Jack, 17, interviewed as part of the YEF’s research into the care system (2026)



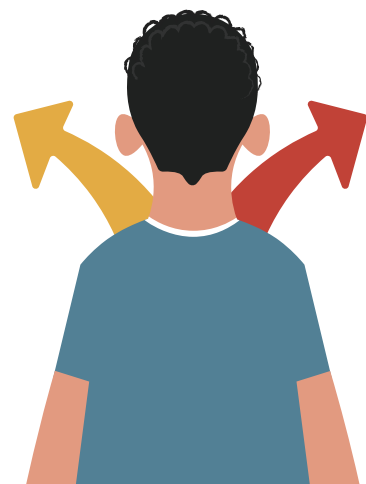
**Agree clear principles for police involvement.** The protocol should guide day-to-day decisions about how incidents are managed in care settings. Principles could include:

- **Police involvement is proportionate.**<sup>228</sup> Care staff should usually lead responses to day-to-day incidents, with police involvement limited to the immediate risk of serious harm, serious offences or situations where there is no safe alternative. Behaviour that would usually be managed in a family home, such as verbal conflict, minor damage or distress-related behaviour, should not usually lead to police contact. Agree responses to common scenarios so that staff make consistent decisions in practice.
- **Police presence is purposeful.** Carefully consider the use of regular or informal police presence in children's homes, including for intelligence gathering or familiarity, because it can increase the risk of unnecessary enforcement and undermine children's right to privacy and family life.<sup>229</sup> Where it takes place, its purpose should be clear, time-limited and understood by children and staff.<sup>230</sup>
- **Incident recording supports safeguarding.** Records of children's behaviour should capture information needed to safeguard, monitor and respond to risk while avoiding unnecessary or indiscriminate recording.<sup>231</sup> This should include relevant context, such as what led up to the incident and what was happening in the child's environment.<sup>232</sup>

**Strengthen diversion and ensure consistent access for children in care.** Ensure diversion routes are clearly specified in local protocols and require partners to actively consider diversion for all eligible children in care.<sup>233</sup> Consider the following:

- **Involve the child's social worker at key decision points.** A social worker who knows the child should be involved at all key decision points (e.g. joint decision-making meetings); and contribute information about their needs, vulnerabilities and existing support; and challenge decisions when diversion is not being considered.<sup>234</sup>
- **Check whether local rules are limiting access.**<sup>235</sup> Check how admission of guilt is being used. Some formal out-of-court disposals (e.g. youth cautions) require an admission of the offence, but other diversion options (e.g. outcome 22) do not. Ensure admission of guilt is not required when it is not needed.
- **Remove barriers to diversion.** Ensure children are not refused diversion because they lack a consistent family member or adult to support engagement.<sup>236</sup> Avoid fixed limits on access, such as restricting the number of times a child can receive diversion.<sup>237</sup> Instead, make decisions on a case-by-case basis, considering the child's circumstances, not prior offending history alone.
- **Use the full range of diversion options.** These should include informal diversion (e.g. informal restorative approaches) and formal out-of-court disposals (e.g. community resolutions, formal restorative justice). Make greater use of outcome 22 when a formal criminal justice response is not necessary or proportionate.<sup>238</sup>

The YEF's Diversion Practice Guidance provides additional evidence-based recommendations for delivering fair, consistent and effective diversion.



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