

Transitional Safeguarding: adolescence to adulthood



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The case for change

- › Adolescents may have **distinct** safeguarding needs, harms - and routes to protection - are often 'contextual' / extra-familial and are underpinned by complex social and biological drivers
- › Harm and its effects do not abruptly end at 18; support may do
- › **Transition** to adulthood is a particularly challenging and vulnerable time, we may need care and support without having Care & Support needs™
- › Need to consider promoting **resilience** and their changing **developmental** needs
- › There are **moral** and **economic** drivers for a reimagined safeguarding system which is contextual, transitional and relational.

Redefining adolescence and transition

- › Some studies into brain development and effects on behaviour show some elements of brain growth – eg development to more mature affect regulation, social relationships and executive functioning - continue into the 20s (Sawyer et al, 2018)
- › “An expanded and more inclusive definition of adolescence is essential for developmentally appropriate framing of laws, social policies, and service systems. Rather than age 10–19 years, a definition of 10–24 years corresponds more closely to adolescent growth and popular understandings of this life phase” (Sawyer et al, 2018)
- › BUT biological studies to define capabilities of adolescents should be treated with caution, not misinterpreted in reductionist ways (Moshman, 1999).



- Adolescent agency in relation to risks makes adolescents 'imperfect victims' and makes addressing those risks (and their impact) a complex business. (Rees and Stein, 1999)
- Working within a child protection system that is designed primarily to meet the needs of younger children maltreated within the family (Bilston, 2006)
- Recognised (healthy?) tension re adults' autonomy / capacity and the societal imperative to enable people to be safe whatever their 'entitlements'.

Mind the gap...



Child protection
(‘rescuing babies
from harm in the
family’)



**Making
Safeguarding
Personal** (‘Person-
led, risk-enablement,
choice & control’)

Six key principles

- › **Empowerment:** People being supported and encouraged to make their own decisions and informed consent.
- › **Prevention:** It is better to take action before harm occurs.
- › **Proportionality:** The least intrusive response appropriate to the risk presented.
- › **Protection:** Support and representation for those in greatest need.
- › **Partnership:** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- › **Accountability:** Accountability and transparency in safeguarding practice.

(Department of Health, 2017)

Divergence

(Holmes & Smale, 2018)

- › Neither system specifically designed with adolescents' developmental needs/behaviours in mind, nor do existing approaches reflect evidence that adolescence = 10-24.
- › Systems have developed in accordance with different legislative and policy frameworks and arguably divergent conceptual frameworks.
- › Child's consent is not required to initiate a safeguarding response; broadly considered essential that an adult's consent is sought before making a safeguarding referral unless they are found to lack capacity.
- › Has implications where a young adult is facing a high degree of coercion and control, and may not be able to make free informed choices about their safeguarding needs but does not lack capacity in the formal sense.

What does this mean for people?

- > A YP ensnared in 'county lines' may find, upon turning 18, they receive a criminal justice response rather than being recognised as a victim of criminal exploitation.
- > A YP may have learning difficulties and/or mental health difficulties that make them more vulnerable to abuse, but as a young adult experiencing sexual exploitation they may not be deemed eligible for a safeguarding response unless they have a formal mental health diagnosis or diagnosed learning disability.
- > A YP subject of a child protection plan but does not enter care may find that support stops abruptly as they turn 18, despite their experiences of maltreatment rendering them no less vulnerable than their care-experienced peers.
- > A care-experienced YP experiencing domestic abuse and experiencing poor mental health may be offered little or no support for her own safety unless her circumstances become critical; upon becoming a parent she may find that children's social care deem her child to be at risk.

Now I've left care I get really lonely. That's a big thing for my safety I think, but no one talks about it as safeguarding. Unless you're worried about my child, I won't hear from you [children's services] again.

(Aisha, care-experienced young person)

I couldn't wait to get to 18, I thought that once I was an adult everything would change. It hasn't worked out that way. I really wish I was a kid again so that you could lock me up.

(Kelly, young adult)

Protection *and* preparedness

I was in care all my life and you did keep me really safe. You wrapped me up tight in bubble wrap... but I'm 19 now and I kind of feel like I can't move my arms

(Max, care-experienced young adult)

The evidence invites us to challenge traditional assumptions regarding the capacity of adolescents and the maturity and self-reliance of adults, instead recognising that risk, needs and resilience are dynamic and contextual.

Rescue Vs Reform



If we designed from scratch...?

Contextual*

- Harms, risks and protective factors
- Assessment, intervention
- Place-based approach
- Requires new partnerships?

Transitional

- Developmental perspective
- Fluidity over time
- Trauma-attuned
- Requires alignment of systems?

Relational

- Person-centred
- Relationships as vehicle and intervention
- Capacity building
- Resilience

Participative

*Links to 'contextual safeguarding' (see Firmin <https://contextualsafeguarding.org.uk/>)

	Contextual Safeguarding	Complex Safeguarding	Transitional Safeguarding
Specific term meant to define activities	✓	✗	✗
Specific term to define types of harms	✗	✓	✗
Defined set of tools, practices, methods	✓	✓	✗
Recognises distinct adolescent safeguarding needs	✓	✓	✓
Requires cross-service / non-siloed approach to delivery (inc governance)	✓ ✓	✓ ✓	✓ ✓
Recognises evolving needs as young people enter adulthood	✓	✓	✓ ✓
Recognises role of community in safeguarding young people and young adults	✓ ✓	✓ ✓	✓
Foregrounds a participative, person-centred approach	✓ ✓	✓ ✓	✓ ✓

<https://www.rip.org.uk/news-and-views/latest-news/new-open-access-briefing-on-the-relationship-between/>

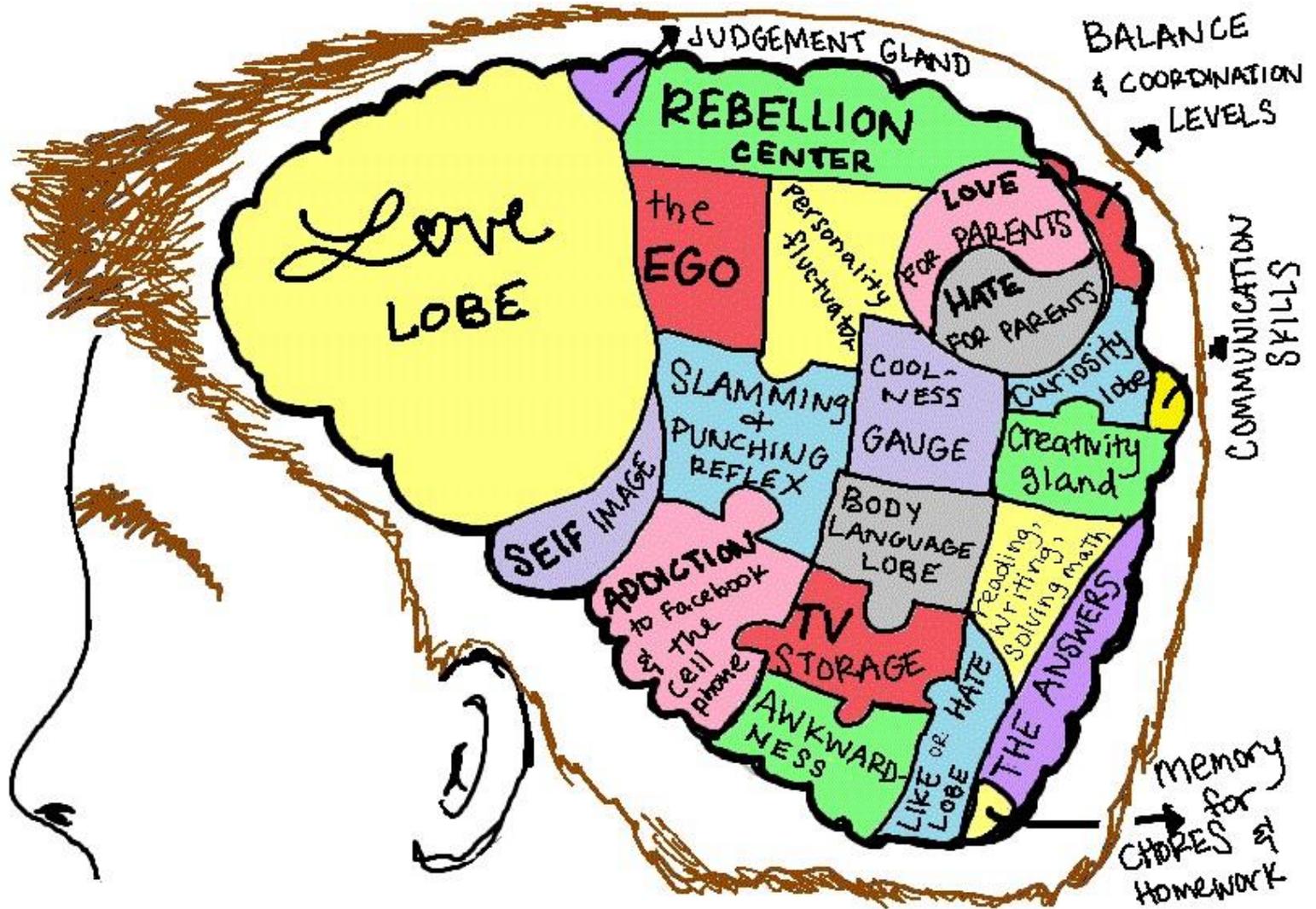
Structural/ social determinants

- › Poverty shown to have a strong causal effect on physical and mental health (Marmot and Bell, 2012)
- › Poverty linked to SE of adults; increases psychological distress and reduces opportunities for employment (Wilson and Butler, 2013)
- › SE can compound mental ill-health for many adults, and MH issues arising from sexual exploitation can result in diagnoses of PTSD, (Levine, 2016)
- › Connection between modern slavery (including forced labour, sexual exploitation and trafficking) and homelessness (bi-directional) (The Passage, 2017)
- › Adults who are termed as having multiple needs and exclusions are known to experience a range of negative outcomes and are more likely to have experienced adversity in childhood (McDonagh, 2011; RiPFA, 2015)
- › Interconnectedness of these harms and adversities requires a highly integrated system of support, whereby attention is paid to childhood/adolescent experiences.

Young people and attachment (Shemmings, 2011)

- › Children who have experienced abuse/neglect *may* experience 'disorganised attachment' (though beware pathologising)
- › DA in infancy can lead to dissociative symptoms in adolescence and early adulthood, Likely to do things to make professionals and other adults reject them.

Research shows that attachment security in adolescence exerts precisely the same effect on development as it does in early childhood: a secure base fosters exploration and the development of cognitive, social and emotional competence.



Young people's 'choices' and 'risk-taking' behaviours

- > Young people's 'risk-taking' - underpinned by *interacting* biological, social, environmental and neurobiological changes (Calkins, 2010)
- > Risk can be positive (Coleman, 2014)
- > Ego-syntonic risks
- > Adapted to harms experienced in earlier childhood
- > Unmet needs - seek to meet via risky routes
- > Misinterpreted as rational informed adult 'lifestyle choices' → Victims being denied appropriate support / permission to give up
- > Conversely, professionals can minimise adolescent choice and agency

Resilience & participation

- › **Relationships** are paramount to promoting resilience (Coleman, 2014)
- › **Self-efficacy, positive identity development, aspirations** - commonly associated with resilience, are areas that professionals can exercise some influence
- › Children's **rights to protection and participation are mutually dependent and indivisible** (UNCRC)
- › “[User] Involvement supports development of effective safeguarding practice, informed by people whose self-confidence, self-esteem and resilience can be developed through that involvement.” (Droy & Lawson, 2017)

Participation as protective

(Warrington, 2016)

Consequences of sexual exploitation	Benefits of participation
YP don't recognise exploitative situation	Critical thinking/better understanding (AYPH, 2014)
Lack of power/control	Agency and decision-making power
Isolation/sense of 'difference' (Reid & Jones, 2011)	Sense of belonging (Hagel, 2013)
Stigma	Approval/acknowledgement (Batsleer, 2011)
Low self worth/lack of purpose	Helping others (Batsleer, 2011, Levy, 2012, AYPH, 2014)

What could we do?

- › Deliberative learning from other services and parts of the wider system where transitional approaches are more embedded
- › ‘drawing down’ best practice from safeguarding adults into safeguarding adolescents: rights-based approaches, MSP, wellbeing focus
- › Considering how Contextual Safeguarding and other innovations in children’s safeguarding might inform safeguarding of young adults: place-based, partnership approach
- › Reflect on how safeguarding responses can overlook – even exacerbate – vulnerability...Iatrogenic interventions?
- › Build local capacity for system redesign, analysis, cost-benefit

Money matters

- › Financial constraints facing local areas make it difficult to countenance any non-statutory activity
- › Investing in preventative and recovery-oriented work to promote people's safety and wellbeing can play an important role in avoiding the costs of later intervention
- › Evidence from the UK and international contexts suggests that failing to help young people recover from harm and trauma can mean that problems persist and/or worsen in adulthood, creating higher costs for the public purse (Chowdry and Fitzsimons, 2016; Kezelman et al, 2015)
- › Adults facing multiple problems and adversities can find services are not able to meet their needs effectively, meaning this group of adults 'end up living chaotic and expensive lives' (see MEAM Network)

Are we waiting for the perfect moment?

- > Scandals do not just happen. They are made.
(Drakeford & Butler, 2005)
- > Health policy reform driven by scandal may obscure the effect of under resourcing in health services and poses a very real threat to the continued support for state-run services. (Hutchison, 2016)
- > Public policy is a study in imperfection. It involves imperfect people, with imperfect information, facing deeply imperfect choices - so it's not surprising that they're getting imperfect results. (Sullivan, date unknown)

Transitional Safeguarding

- › In safeguarding, binary notions of childhood and adulthood prevail. Learning from SARs shows how young adults can 'slip through the net' or face a 'cliff-edge'
- › Many of the environmental and structural factors – including poverty and social isolation - that increase a child's vulnerability persist into adulthood, resulting in unmet need
- › Investing in preventative work to promote people's safety and wellbeing can play an important role in avoiding costs of later intervention
- › Resilience, self-efficacy, social connectedness – all key to wellbeing – prompts thinking about practice
- › Does *not* propose all young adults experiencing risk should be protected via statutory means, nor does it propose a paternalistic approach to safeguarding young adults
- › Innovation in this area may not depend on changes to legislation and/or statutory guidance
- › Opportunity knocks...?

Questions to reflect on

- › What do we know about our local population of older adolescents, and their potential safeguarding needs as they become young adults? How are we planning for these?
- › What learning is there from SARs and DHRs (and SCRs) around how our approach to safeguarding across transitions could be improved? How could the SAB ensure this learning is informing strategy and practice?
- › How could we analyse this learning thematically, as a region?
- › How might LSAB ensure data, research, practice wisdom and people's lived experience is used to drive change?
- › What connections and cross-boundary successes can we build on to create a more fluid approach for young people facing risk?

Thank you



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