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Strategic
Briefing



Transitional safeguarding - adolescence to adulthood

Dartington

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Introduction

In recent years, safeguarding children and adults has become increasingly complex. Sector leaders in social care¹ note that sexual exploitation, gangs and violent crime - including domestic violence and abuse, modern slavery and trafficking - are challenging the children's and adults' workforce to reflect on established models of safeguarding and identify opportunities for innovation.

Safeguarding is a field where binary notions of childhood and adulthood have prevailed; as such the notion of 'transitional safeguarding' is an emerging one, not currently widely applied in policy or practice. Emerging evidence indicates that more effectively meeting the needs of adolescents and young adults may help to avoid costly later interventions, including those within the criminal justice system, acute health services and specialist drug and alcohol treatments (Rees et al, 2017).

The significant human and financial costs of 'late intervention' are well-documented, yet many local areas face barriers in their efforts to develop innovative approaches to enable cost-avoidance (Chowdry and Fitzsimons, 2016). Having faced several years of austerity, public services are under increasing pressure to focus only on critical and essential functions, leaving little opportunity to invest in vital preventative work in order to achieve savings or cost-avoidance later.

We make many transitions in our lives, but perhaps the one with the most far-reaching consequences is the transition into adulthood.
(Heslop et al, 2002)

Authorities up and down the country have found themselves having to cut back on early help services, which makes no financial sense.

(ADCS Presidential speech, July 2018²)

It is becoming ever harder for councils to manage the tension between prioritising statutory duties towards those with the greatest needs and investing in medium to longer term strategies that will prevent and reduce future needs.

(ADASS Budget Survey, 2018³)

Whilst financial pressures are common across the sector, divergent approaches can be observed between adults' and children's safeguarding. These differences might, in part, reflect divergent constructs such as 'rescue versus reform and recovery; risk enablement versus risk aversion'⁴. These differences present challenges for those seeking to effectively safeguard adolescents into adulthood and, as the quote below illustrates, young people can feel ill-equipped for the change in practice culture they experience if they remain in contact with services as they become an adult.

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)

¹ & ⁴ See blog authored by Jenny Coles, Director of Children's Services Hertfordshire County Council (April 2018) <http://adcs.org.uk/blog/article/making-safeguarding-personal>

² Speech by Stuart Gallimore, ADCS President 2018/19, at ADCS conference July 2018. Available online: http://adcs.org.uk/assets/documentation/ADCS_Presidents_address_2018_annual_conference_web.pdf

³ ADASS 2018 Budget Survey. Available online: www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf

In areas such as mental health, adoption and special educational needs and disability (SEND), a range of policy and practice level initiatives are driving a more fluid and transitional response for young people entering adulthood (DfE, 2015)⁵.

By contrast, safeguarding remains an area where children's and adults' services operate broadly separately. Learning from Safeguarding Adults Reviews (SARs)⁶ demonstrates the ways in which poor transitional planning can contribute to young adults 'slipping through the net', sometimes with tragic consequences.

This briefing makes the case for ensuring a transitional approach to safeguarding adolescents and young children is made more effective, and proposes key considerations for innovation. It explores how a transitional approach to safeguarding could be developed; an approach to safeguarding adolescents *and* young adults fluidly across developmental stages which builds on the best available evidence, learns from both children's and adult safeguarding practice and which prepares young people for their adult lives. It will be updated as new learning emerges.

The resource is intended to encourage discussion, debate and reflection. It draws on available research literature and practice expertise to inform emerging thinking in this area. Importantly, it does *not* advocate that all young adults experiencing risk should be protected via statutory means, nor does it propose a paternalistic approach to safeguarding young adults, or suggest change in this area relies on changes to legislation and/or statutory guidance. Rather, it argues that there are opportunities for children's and adults' safeguarding to learn from each other, and from other parts of the system, to develop a more effective approach to safeguarding older teenagers and young adults.

Definitions

Definitions of adolescence and young adulthood are a source of some debate. Latest research proposes an expanded and more inclusive definition of adolescence as 10-24 years (Sawyer, 2018). For the purposes of this briefing, we use 'adolescence' to mean 10-18 years, 'late adolescence' is from 16 years to the early twenties (Hanson and Holmes, 2014). 'Early adulthood' is understood as overlapping with late adolescence and can encompass 18 years to mid-late twenties.

This briefing uses the terms 'risk' and 'harm' to refer to abuse, neglect and the experience of significant adversity that would trigger a safeguarding response from services, ie a child 'is suffering, or is likely to suffer, significant harm' or 'an adult is experiencing, or at risk of, abuse or neglect'. We also use the term 'risk' to denote the *likelihood* of experiencing harm or significant adversity.

Adolescence and young adulthood are both life stages that involve experimentation, new experiences and opportunities – some of which can present risks to individuals in different contexts. The term 'risk-taking' is arguably problematic in two ways. Firstly, its use has come to imply only negative engagement with risk and overlooks the important and positive functions of risk as a means of learning, developing resilience and acquiring coping strategies. Secondly, it infers responsibility lies with the young person or adult, that they are making choices or engaging in behaviours that 'put themselves at risk' – which overlooks the highly constrained nature of these choices and can perpetuate victim-blaming (Eaton and Holmes, 2017). In this briefing 'risk-taking' refers to engaging in activities that may be harmful as well as those serving positive functions.

⁵ See Preparing for Adulthood, National Development Team for Inclusion demonstration sites - www.ndti.org.uk/news/new-preparing-for-adulthood-demonstration-sites - and SEND Delivery Support Offer Delivering Better Outcomes Together www.sendpathfinder.co.uk/delivering-better-outcomes-together

⁶ www.scie.org.uk/safeguarding/adults/reviews/library

Outlining the case for ‘transitional safeguarding’

It is important to note upfront both the financial realities facing the sector and the financial case for innovation in this area. The financial constraints facing local areas make it difficult to undertake any work considered non-statutory, and enacting many of the points raised in this briefing would indeed require local services to provide support to young adults that are currently not receiving a safeguarding response. However, 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 then find that local services are not able to meet their needs effectively, meaning this group of adults ‘end up living chaotic and expensive lives’ (see the work of the MEAM Network for more information on how local areas are seeking to address this⁷).

The challenge for local areas, as with other ‘invest to save’ activity, is to demonstrate which parts of the system benefit from this investment, in order to incentivise and sustain investment. This relies on cost data analysis capacity, highly effective collaboration across partners and a systems leadership approach.

There are several reasons why a more fluid and transitional safeguarding approach is needed for young people entering adulthood. These are summarised as:

- a) Adolescents may experience a range of risks and harms, and so may require a distinctive safeguarding response.
- b) Harm, and its effects, do not stop at the age of 18.
- c) Many of the environmental and structural factors that increase a child’s vulnerability persist into adulthood, resulting in unmet needs and costly later interventions.
- d) The children’s and adults’ safeguarding systems are arguably conceptually and procedurally different, and governed by different statutory frameworks, which can make the transition to adulthood harder for young people facing ongoing risk.
- e) Young people entering adulthood can experience a ‘cliff-edge’ in terms of support.

⁷See www.themeamapproach.org.uk

a) Adolescents may experience a range of risks and harms, some of which are often distinct from those experienced by younger children, and so may require a distinctive safeguarding response.

The risks adolescents face are often inter-connected. They can include:

- > sexual abuse
- > physical abuse
- > neglect
- > emotional abuse
- > homelessness
- > poor mental health and self-harm
- > criminal exploitation including gang association
- > substance misuse.

(Hanson and Holmes, 2014)

A range of risk factors, such as emotional and mental health difficulties, accommodation problems, and not being in education, training or employment can co-exist (Ofsted, 2011), and exposure to a range of adversities such as bereavement and volatile family relationships make some teenagers more vulnerable to abuse (NSPCC, 2014). The incidence of neglect is notably high amongst adolescents (Raws, 2016; Brandon et al, 2013). Serious Case Review analysis further highlights the vulnerabilities of adolescents (Sidebotham et al, 2016).

Recent research highlights how young people are vulnerable to abuse in a range of social contexts, rather than predominantly experiencing risk of harm within the family context, and this demands a different response from safeguarding services (Firmin, 2017a; HM Government, 2018). Reflecting increased time spent socialising outside of the home and family setting, the weight of peer influences is important (Firmin, 2017b). Extra-familial risks impact upon the emotional, physical and mental wellbeing of young people; may drive their involvement in offending, using drugs and alcohol and going missing; undermine their access to education and other services, and; negatively impact family relationships (Firmin, 2017a).

Adolescence is a time of considerable change – physical development and the effects of puberty yield emotional and behavioural impacts, including on developing identity and a sense of self (Dixon et al, 2016). Some studies into brain development and the effects on behaviour show that some elements of brain growth – such as the development to more mature affect regulation, social relationships and executive functioning - continue into the 20s (Sawyer et al, 2018).

The research suggests that adolescents may be more predisposed to what is often referred to as ‘risk-taking’ behaviour, and may have a lower capacity to self-regulate and control reactions (Dixon et al, 2016; Justice Select Committee, 2016)⁸. It is worth noting, however, that the use of biological studies to define the capabilities of adolescents should be treated with caution, not least as this evidence may be misinterpreted in reductionist ways (Moshman, 1999).

⁸ See Professor Huw Williams’s evidence submission. Available online: www.parliament.uk/business/committees/committees-a-z/commons-select/justice-committee/inquiries/parliament-2015/young-adult-offenders

There exists a tendency to see adolescent behaviour and harmful experiences as ‘lifestyle choices’ underpinned by a notion that young people freely choose to engage in risky activity and harm, and treating adolescents as having the same agency as adults (Beckett, Holmes and Walker, 2017). For example, young people who display challenging or criminal behaviour are too often treated as perpetrators rather than as vulnerable children (Ofsted, 2011). Behaviour, such as sexual activity deemed to be age-inappropriate or harmful, or drug and alcohol misuse, can be viewed as ‘risky lifestyle choices’ rather than as indicators of abuse or exploitation (Ofsted, 2011).

There has been increased recognition that the wider safeguarding system does not always work well for adolescents, and that policy and programmes have been primarily designed to meet the needs of younger children, both in care, edge of care and wider child protection systems (ADCS, 2013; DfE, 2014). This has led to significant investment through the Department for Education’s Social Care Innovation Programme for a more tailored approach (DfE, 2014; Sebba et al, 2017).

An equivalent programme of investment has not at this stage been made available to adult social care, and the vast majority of children’s social care innovation projects focused on children up to the age of 18 (or 21, where projects focused on children in care). Initial learning from the Innovation Programme supports the view that adolescents are better served by distinct services and professional approaches, attuned to their developmental needs.

b) Harm, and its effects, do not stop at the age of 18.

Adolescents experiencing, or who have experienced, harm may often require ongoing support beyond the age of eighteen, either because the harm continues into adulthood or because they need help to recover from the impact of harm. This critical issue is highlighted in a recent report by the National Working Group (NWG), which explored how local areas were considering transitions in their CSE response (Baguley, 2018). The experience of adversity in childhood can make some adolescents particularly vulnerable to harm and the effects can persist into adulthood (Dixon et al, 2016; Hanson and Holmes, 2014).

Of particular note is the evidence suggesting childhood neglect can lead to offending behaviour in adolescence and adulthood (Brandon et al, 2014; Kotch et al, 2008). Research also suggests a link between child neglect and later drug use; and between childhood neglect and anxiety disorders, suicide attempts and 'risky sexual behaviours' in adulthood (Norman et al, 2012).

Mental health problems around the age of transition into adulthood have also been linked to childhood exposure to parental conflict and breakdown (*Transforming Children and Young People's Mental Health Provision: A Green Paper*, 2017). Relationship breakdown and family conflict is also linked to homelessness (Watts et al, 2015).

Some research draws links between harmful behaviour in adolescence and young adulthood, such as offending and substance misuse, and early childhood deprivation and trauma (Justice Select Committee, 2016; Tarter, 2001). There is evidence that adolescent development and the transition to adulthood can be affected by adversity in childhood; for example, coping mechanisms can lead to maladaptive responses (Dixon et al, 2016; Hanson and Holmes, 2014). In some instances, these responses can mean young adults are exposed to abuse and neglect. A lack of support to address these issues in adolescence can result in young adults facing increased risks and vulnerabilities - including homelessness, substance abuse, contact with the criminal justice system and poor mental health.

It is important to note, however, that the relationship between childhood adversity and negative adult outcomes is not simple and there is ongoing debate about how problems in adulthood can be predicted. For example, the evidence on adverse childhood experiences predicting problems such as criminal behaviour is contested by some due to the challenge of establishing causation and the complex interplay of individual-based experiences with environmental and structural factors (Edwards et al, 2017).

It also worth noting that for young people whose harmful experiences result in prosecution of their abusers, many are young adults at the point their case reaches court. This process has been found to add to their trauma, as Barnardo's explain in their 2017 report *Journey to Justice*:

...in addition to the trauma brought about by the experience of exploitation and abuse, through the process of a police investigation and trial, a child or young person must re-tell the experience, often multiple times, usually in an environment which is unfamiliar, intimidating and confusing to them. The process can be traumatic regardless of the outcome...

(Marsden, 2017)

These young adults may need support to recover not only from the harm they experienced but also the impact of the criminal justice process.

c) Many of the environmental and structural factors that increase a child's vulnerability, such as poverty and inequality, persist into adulthood. This can result in unmet needs and costly later interventions.

Research on wider social determinants, such as poverty, show a link between deprivation – where families live and their resources – and child protection, child in need and children in care rates (Bywaters et al, 2014; Edwards et al, 2017). Childhood poverty is argued by some to be the single biggest factor increasing risk of homelessness (Bramley and Fitzpatrick, 2018) and poverty has been shown to have a strong causal effect on both physical and mental health (Marmot and Bell, 2012). These structural factors interact with individual circumstances in a range of complex ways, for both young people and adults.

Poverty is linked to sexual exploitation of adults, with some research showing that poverty increases psychological distress and reduces opportunities for employment, leaving many adults feeling they have no other option but to 'trade' sex for food, shelter and other essential items (Wilson and Butler, 2013). In turn, sexual exploitation can compound mental ill-health for many adults, and mental health issues arising from sexual exploitation can result in diagnoses of post-traumatic stress disorder (PTSD), disorders of extreme stress, complex PTSD or trauma (Levine, 2016).

Research exploring modern slavery indicates a connection between modern slavery (including forced labour, sexual exploitation and trafficking) and homelessness. This connection is bi-directional; a report commissioned by the Office of the Independent Anti-Slavery Commissioner finding that homeless people are at risk of exploitation, and victims of modern slavery are at risk of becoming homeless (The Passage, 2017).

Multiple studies find that poverty and associated structural factors are consistently linked to multiple crime-related outcomes (Graif et al, 2014), including victimisation. Poverty and inequality is also highlighted as a key factor in understanding gang-related crime and disorder (CSJ, 2009), which affects adults and children alike with both being found to be groomed and criminally exploited in the context of 'county lines' (NCA, 2017).

Adults experiencing poverty and deprivation may therefore be more likely to experience threats to their wellbeing, and need support in their own right – not only because they become parents whose children are then deemed to require a safeguarding response.

The experience of multiple needs amongst some adults is closely associated with poverty (MEAM, 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; Research in Practice for Adults, 2015). For example:

- > physical abuse or neglect
- > homelessness
- > not having enough to eat
- > having had parents who experienced drug/alcohol misuse, domestic violence or poor mental health.

These adults can experience a wide breadth of issues, including:

- > the coincidence of homelessness, drug and alcohol misuse
- > mental health problems
- > cycles of violence and abuse, and chronic poverty.

(Rosengard et al, 2007)

They are more likely to have relied on welfare benefits, and to have had ineffective contact with services as adults because services are usually designed to deal with one problem at a time (Research in Practice for Adults, 2015; Page and Hilberry, 2011).

Research also suggests a connection between domestic abuse and substance misuse – again, this relationship is complex. Some studies report that substance dependency has been found to be a potential consequence of being the victim of domestic violence (Humphreys et al, 2005).

It is concerning, therefore, to note findings in a recent joint inspection across six local authority areas that some adult-focused agencies, notably probation and adult mental health services, were failing to recognise the risks facing children (Ofsted, 2017), echoing previous findings from Ofsted and CQC that adult social care services need to prioritise the risks to children who live with adults with unmanaged mental health problems, substance misuse problems and, crucially, domestic abuse (Ofsted and CQC, 2013).

The 2017 Joint Targeted Area Inspection also found there was often a lack of accountability or responsibility attributed to the perpetrator of the abuse, whilst highlighting an inappropriate attribution of responsibility on the victim to protect her children⁹.

The interconnectedness of these harms and adversities means that enabling young adults to be safe requires a highly integrated system of support, whereby harms are considered holistically and attention is paid to childhood/adolescent experiences. Doing so is not only morally right, but may enable later cost-avoidance.

d) The children's and adults' safeguarding systems are conceptually and procedurally different, and underpinned by different legislative frameworks, which can make the transition to adulthood harder for young people.

Neither system is specifically designed with adolescents' developmental needs or behaviours in mind, nor do existing approaches to safeguarding take into account evidence that the transition period for adopting adult social roles and responsibilities extends well into the twenties. Despite the common interpretation of the 'age of mature logical reasoning' commencing at 18 years, wider social trends – partnering, parenting and economic independence – challenge this notion, as does evidence regarding cognitive functioning (Sawyer et al, 2018).

The systems in place to safeguard children and adults, whilst sharing a common aim of preventing abuse and neglect, have developed in accordance with different legislative and policy frameworks and arguably divergent conceptual frameworks. Appendix 1 (Figure 1) offers an overview of these differences (see separate online appendix). These differences also have implications for workforce development and training, according to local areas surveyed by NWG (Baguley, 2018).

⁹ All cases examined by Ofsted involved female victims

In relation to children, safeguarding duties are framed to promote children's upbringing and their *welfare* (rather than wellbeing). Having regard to a child's wishes and best interests is an underpinning principle, but the role of parents and the familial context arguably frames child safeguarding culture and practice, because children are broadly viewed as lacking capacity to make decisions for themselves (*Children Act 1989*; *Children Act 2004*).

A primary driver in children's safeguarding is protection from harm and removing or mitigating risk (HM Government, 2015; 2018). Children fall within the scope of safeguarding duties if the local authority has 'reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm'. They should make enquiries to 'enable to them to decide whether they should take any action to safeguard or promote the child's welfare' (*The Children Act 1989*).

In relation to safeguarding adults, the Making Safeguarding Personal agenda, now enshrined in *The Care Act 2014*, aims to identify what action needs to be taken to stop or prevent abuse and neglect in the context of an individual's wellbeing¹⁰. The Making Safeguarding Personal approach is based on a conceptualisation of maturity, associated with adult roles and responsibilities and capacity to make decisions relating to a specific time and context (DH, 2017). It draws on key principles around an individual's rights and freedom of action; choice and control; an individual's assets and preferred outcomes. Rather than risk management, safeguarding adults incorporates the concept of risk enablement that takes into account individuals' preferences, histories, circumstances and lifestyles to achieve a proportionate tolerance of acceptable risks.

The Mental Capacity Act 2005 (MCA) provides the framework by which an adult's capacity to make specific decisions at a particular point in time is assessed. The MCA does not require there to be a diagnosis of a specific condition for it to apply. In terms of eligibility, the safeguarding duties apply to an adult who:

'has needs for care and support (whether or not the local authority is meeting any of those needs) and; is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.'

(Care Act Statutory Guidance, 2014)

¹⁰ See here for MSP resources: www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal

This divergence presents some challenges in terms of providing a fluid transitional response to safeguarding needs as young people enter adulthood, as the criteria by which someone is deemed to require a safeguarding response can change significantly upon reaching their 18th birthday. The issue of consent is another area of some complexity; in safeguarding, a child's consent is not required to initiate a safeguarding response; by contrast, where adults are deemed to have capacity, it is broadly considered essential that their consent is sought before making a safeguarding referral.

This has implications where a young adult is facing a high degree of coercion and control, for example in the context of sexual or criminal exploitation, and may not be able to make free informed choices about their safeguarding needs but does not lack capacity in the formal sense.

At a structural level, further divergence emerges: *The Children and Social Work Act 2017* has increased local flexibility and introduced new arrangements for accountability and learning through multi-agency safeguarding partnerships, replacing statutory requirements for Local Safeguarding Children's Boards (LSCBs). By contrast, *The Care Act 2014* included a requirement for Local Safeguarding Adults Boards (SABs) to facilitate learning and improvement and safeguarding duties, placing SABs on a statutory footing for the first time.

e) Young people entering adulthood experience a 'cliff-edge' in terms of support.

Currently, transition from childhood to adulthood – from the perspective of accessing services – can be problematic. Older adolescents and young adults can fall through the gaps between children's and adults' services, often because they don't meet eligibility criteria for care and support from adult services¹¹ (nor therefore for adult safeguarding), or because transition planning is ineffective or they fall out of contact with services. This can exacerbate harm in adulthood, potentially leading to poorer outcomes across the lifespan and heightening the need for costly interventions in later life.

Whilst children in care are now entitled to support until the age of 25, those adolescents who have experienced high levels of trauma and harm but are not in care do not automatically have the same entitlements. Transition planning has proved a challenging area of practice; ongoing issues around finding safe and suitable accommodation for care leavers have been documented, which can lead to increased risks of harm (Education Select Committee, 2014)¹². Young people entering adulthood can fall out of contact with services or disengage with them for a range of reasons – often because services are not flexible or responsive to adolescents' needs. Transition between children and adolescent mental health services (CAMHs) and adult mental health services (AMHs) has been found to be 'poorly planned, poorly executed and poorly experienced' for a significant number of adolescents (Department of Health, 2014).

¹¹ See *The Care and Support Act 2014*

¹² www.parliament.uk/business/committees/committees-a-z/commons-select/education-committee/news/16-plus-care-options-terms-of-reference

Critically, as noted above, young adults can experience a ‘cliff-edge’ due to markedly different thresholds for access to services. For example, adolescents entering adulthood often don’t meet adult mental health criteria (Future in Mind, 2015); and young people with moderate special educational needs who received support while at school do not necessarily meet eligibility criteria for care and support from adults’ services (CQC, 2014)¹³.

The criteria by which a person is deemed deserving of safeguarding support can therefore be very different for older adolescents and young adults, which is counter to the fluid lifespan approach being sought by health or SEND services for example.

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)

What might this mean for adolescents entering adulthood?

- > An adolescent ensnared in ‘county lines’ or other gang-associated harm may find, upon entering adulthood, that they receive a criminal justice response rather than being recognised as a victim of criminal exploitation.
- > A teenager might have a number of developmental difficulties, 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 young person who is the 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 young adult experiencing domestic abuse and 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.

¹³ <https://core.ac.uk/download/pdf/4156824.pdf>

Moving to a transitional approach to safeguarding

The evidence points to a need to consider a new way of working wherein existing safeguarding systems and services for children and adults become more aligned, more fluid and more responsive to the dynamic needs of adolescents and young adults.

There are a number of areas that sector leaders can explore when considering how to strengthen their local safeguarding response to adolescents and young adults. These include:

- a) Learning from local areas who are adopting a more fluid transitional safeguarding response.
- b) Learning from other services and parts of the wider system where transitional approaches are more embedded.
- c) Considering which elements of best practice within safeguarding adults might be 'drawn down' into safeguarding adolescents.
- d) Considering how innovative approaches to safeguarding adolescents might inform safeguarding of young adults: Partnership working in extra-familial contexts.

a) Learning from local areas adopting a more fluid transitional safeguarding response.

A number of local areas are seeking to create greater alignment between children's and adults' safeguarding, particularly in recognition of the contextual harm young people and young adults can face. The efforts being made by many local areas to improve the response to young people at risk of CSE at the point of transition are further explored in NWG's recent report (Baguley, 2018).

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)

Newcastle: Sexual Exploitation Hub

A multi-agency service that supports both child and adult victims of sexual exploitation and modern day slavery. The service was initially commissioned by the police in partnership with the local authority, in recognition of the way perpetrators were targeting individuals regardless of age. The service works with people where there are identified risks and ongoing concerns around grooming, coercion and control.

Key features of the service:

- > **Strengths-based and an emphasis on choice and control**
In line with wider practice in adult safeguarding, the team seek to enable young adults to make sound choices and negotiate risks safely.
- > **Outcomes-focused** and with no upper age limit for the young people being supported.
- > **Limited caseloads**
Work is not time limited and practitioners are able to develop an in-depth understanding of the nature of the risks and needs experienced by adolescents which can emerge over time.
- > **Multi-agency and partnership working**
Work with children's services is key to building relationships with adolescents when they are 16, 17 and 18 years old. Referrals into the service are made via a transition protocol across different services, including the care leaving 16+ team, disability teams and children's services. Strong links exist with housing services and the police.
- > **Assessment of capacity**
The team routinely use the *Mental Capacity Act 2005* (MCA) to assess adolescents' capacity to make safe decisions. They are clear that the MCA applies in a safeguarding context and are required to robustly challenge and evidence their decisions.

East Sussex: Transition arrangements for CSE and Modern Slavery

East Sussex Safeguarding Adults Board prioritised transition arrangements from children's to adults' services for those at risk of child sexual exploitation, with the aim of addressing needs in a multi-agency way.

Key actions include an audit of cases involving transition arrangements. The SAB is also committed to a partnership protocol to clarify accountability and joint working arrangements with CSE, domestic abuse, modern slavery and online safety.



Further reading

East Sussex Safeguarding Adults Board Annual Report, April 2016 to March 2017
www.eastsussexsab.org.uk/wp-content/uploads/2017/09/SAB-Annual-Report-2016-2017.pdf

b) Learning from other services and parts of the wider system where transitional approaches are more embedded.

In recent years, changes have been made to the frameworks for disabled young people and care leavers to extend eligibility for support beyond the age of 18 years up to the age of 25 years (see Figure 2 in Appendix 1). These frameworks recognise the ongoing vulnerability and needs for support. Similar efforts are underway in relation to transition for those young people using mental health services.

SEND

Stoke: Aiming High

The Aiming High programme aims to support good transitions and links coordinators in schools and academies with a SEN coordinator in the local authority. Stoke has developed the model to provide an enhanced service for young people and families on the 'edge of meeting adult social care thresholds', but who are likely to need support into adulthood.

Key features of the service:

- > **A multi-agency approach**
A transition forum meets every month with partners from education, post-16 specialist learning providers, health, and children's and adults' social care services to discuss individual cases. Collaboration with non-statutory and community services is also key.
- > **Strategic oversight**
A 'Disabilities Reform Board' meets regularly to examine trends, emerging issues and agree further actions. It also adjudicates when there are disputes regarding a young person's eligibility for services.



Further reading

www.scie.org.uk/care-act-2014/transition-from-childhood-to-adulthood/early-comprehensive-identification/appendix/stoke-on-trent.asp

Hertfordshire: 0-25 Together

An integrated team which includes the transition team, disabled children's services and Asperger's transition team.

Key features of the service:

- > **Person-centred approaches and tools**
- including personalisation, designing the service through co-production, and outcome-focused plans for children and young people.
- > **Strengths-based and relationships-based practice** - using tools including motivational interviewing and the Insights Model to help understand relationships.
- > **Working in partnership**
Family practitioners (focused on ages 0-13 years) and Preparing for Adulthood practitioners work alongside children's and adults' social workers and learning disability nurses.
- > **Integrated and preventative approach**
All professionals are equipped to identify risks and poor quality care. The **3 Conversations Model**¹⁴ is used to consider the promotion of wellbeing and independence, and preventing needs for support.
- > **Whole system thinking**
The team work across disabilities in children's and adults' social care, safeguarding, preparation for adulthood, family support, carers' assessments and learning disabilities nursing. Hertfordshire are starting to consider how their approach could extend to adolescents who may be vulnerable because of substance misuse and complex lifestyles.
- > **Shared learning and development**
For example, in both children's and adults' policy and legal frameworks, whilst retaining specialisms.

¹⁴ <http://partners4change.co.uk>

Mental health

The need to improve transitions from Children and Adolescent Mental Health (CAMHs) to Adult Mental Health (AMHs) services has also been recognised by the government and plans are outlined in *Transforming Children and Young People's Mental Health Provision: a Green Paper* (DH and DfE, 2017). Key developments include:

- > Some Clinical Commissioning Groups (CCGs) now provide services up to 25 years.
- > A model of acute in-patient care for young adults aged 16-25 to ensure more age-appropriate care is currently being tested (Youth Access, 2017).
- > Introduction of a financial incentive as part of the Commissioning for Quality and Innovation Payments Framework 2017-19 for joint agency transition planning to enable better transitions for young people (NHS England). See: www.england.nhs.uk/wp-content/uploads/2018/04/cquin-guidance-2018-19.pdf
- > The CQC plans to identify examples of good practice at transition in the next phase of its thematic review of children and young people's mental health services.

Norfolk

In Norfolk an ambitious redesign project is seeking a transformed mental health and emotional wellbeing system that puts children and young people at the heart of how services operate, with a focus on getting the right support first time and preventing ill health. The project is focused on transforming mental health arrangements for children and young people aged 0-25, through creating better, more coherent and easy to navigate pathways, coordinating activity across providers and commissioners, and reducing the risk of individuals falling into gaps between services - including as they transition into adult mental health, by taking a whole system approach.

This builds on the model developed by the Norfolk and Suffolk NHS Trust. The Norfolk Youth Service is an innovative example of mental health transformation in the UK, comprising a pragmatic, assertive and 'youth-friendly' service for young people aged 14 to 25 that transcends traditional service boundaries (Wilson et al, 2017).

Norfolk is using the principles of CYP IAPT and the THRIVE¹⁵ model to shape their future provision, working with families, schools and children to promote mental health and wellbeing and to prevent problems becoming entrenched. This reflects the emphasis on securing agreement across stakeholders on the priorities for future investment of resources, but with an anticipation that there should be greater emphasis on prevention and early intervention. New joint governance arrangements between clinical commissioning groups and the local authority are central to levering in the system change and collective action needed to secure the transformation required.

¹⁵ www.annafreud.org/media/4817/thrive-elaborated-2nd-edition.pdf

Youth justice

There are significant cultural differences between youth and adult criminal justice systems which mean that adolescents' needs might not be responded to appropriately in adult custodial facilities. This can mean that the particular needs and vulnerabilities of young people and young adults are not well responded to. For example, there is a greater risk of self-harm amongst younger adults aged under 24 years (Helyar-Cardwell, 2009).

Practice models specifically for young adults have been developed to divert them from crime and custodial routes. These seek to respond to 'young adulthood' as a distinct life stage, recognising key transitions, including moving into independent living, education and employment and changes in family and relationship support (Transition to Adulthood Alliance (T2A), 2012). See *Spotlight on Young Adults. Emerging good practice across PCC areas on Young Adults (18-24) in contact with the criminal justice system* (T2A and Revolving Doors Agency, 2018).

See: www.t2a.org.uk/2018/01/31/pccs_young_adults_rda

c) Considering which elements of best practice within safeguarding adults might be 'drawn down' into safeguarding adolescents.

Arguably the current approach, involving two parallel safeguarding systems for adults and children, can make transition to adulthood more difficult for young people who have experienced harm. As some researchers note in their critique of services available to adolescents: 'many adolescent interventions are either downward extensions of adult programs or upward extensions of child programs' (Thornberry et al, 2010).

There are many positive elements to safeguarding adults that might be usefully drawn into adolescent safeguarding practice; doing so would not only create smoother transitions for young people who will continue to require support to be safe once they are adults, but might also ensure that young people's emerging independence and autonomy is more effectively promoted.

*The Care Act 2014 Statutory Guidance*¹⁶ sets out the following **six key principles that underpin all adult safeguarding work**. These principles are arguably equally applicable to the safeguarding of adolescents, particularly older adolescents (see table on following page).

¹⁶ Updated 2018, see www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1

Safeguarding adults key principle	Synergies/divergence with safeguarding adolescents
<p>Empowerment: People being supported and encouraged to make their own decisions and give informed consent.</p>	<p>There is no comparative principle for children and young people (Skills for Care, 2015) and consent is not required in order to safeguard a young person. Statutory guidance makes clear that anyone working with children should ‘see and speak to the child; listen to what they say; take their views seriously; and work with them and their families collaboratively when deciding how to support their needs’ (HM Government, 2018).</p> <p>This is underpinned by <i>The Children Act 1989</i> which requires local authorities to give due regard to a child’s wishes when determining what services to provide where a child is deemed to be in need and/or requiring protection. These duties complement requirements relating to the wishes and feelings of children who are, or may be, looked-after and children taken into police protection.</p> <p>Despite the evidence that young people’s resilience can be promoted by enabling a sense of self-efficacy and mastery (Newman, 2014; Prince-Embury, 2008), it is argued by some that safeguarding efforts inadvertently serve to undermine young people’s sense of self-efficacy and therefore their resilience by not affording them a sense of empowerment within their own safeguarding (Hanson and Holmes, 2014; Warrington, 2017).</p>
<p>Prevention: It is better to take action before harm occurs.</p>	<p>The importance of early help and of preventing ‘further harm’ is highlighted in statutory guidance for safeguarding children (HM Government, 2018).</p>
<p>Proportionality: The least intrusive response appropriate to the risk presented.</p>	<p>As with the principle of empowerment, the principle of proportionality lends itself to practice approaches that reflect adolescents’ increasing independence and developing maturity. It is not currently a principle that features widely in the discourse around safeguarding adolescents.</p>
<p>Protection: Support and representation for those in greatest need.</p>	<p>Protecting children from harm is fundamental to children’s safeguarding policy and practice, though representation and advocacy are rather less prominent in the discourse.</p>
<p>Partnership: Local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse.</p>	<p>The partnership principle aligns with emerging practice to safeguard adolescents experiencing extra-familial harm, where communities are central to keeping young people safe in the public domain (Firmin, 2017a).</p>
<p>Accountability: Accountability and transparency in safeguarding practice.</p>	<p>As with protection, the emphasis on accountability chimes with guidance around safeguarding children (HM Government, 2018).</p>

Making Safeguarding Personal draws on key principles around an individual's rights and freedom of action; choice and control; an individual's assets and preferred outcomes.

Doing so is essential in providing young person-centred, resilience-focused support. As one young person states:

"A lot of people have pushed us into things, have forced us to do things and made a lot of decisions for us and we don't need the people who are there to help us to do it as well."

(Young person cited in Jago et al, 2011)

The role of advocates in adult safeguarding is seen as a vital means of balancing risk and rights; there may be scope for advocates to support adolescent safeguarding too. Whilst similar models exist in children's safeguarding, these tend to be linked to specific circumstances, such as Independent Child Trafficking Advocates.

A lack of emphasis on participative and rights-based practice within adolescent safeguarding has been highlighted by some researchers (Warrington, 2017), despite the UNCRC clearly highlighting that young people's rights to participation *and* protection are mutually dependent and inextricably linked (UNCRC). There is evidence, however, that local authorities are making significant progress in this regard in relation to safeguarding adults. The adoption of strengths-based and 'user-focused' approaches is a key development across local authorities (Cooper et al, 2016). Understanding how participative approaches within adults' safeguarding could inform adolescent safeguarding could go some way to transforming young people's experience of services.

d) Considering innovative approaches to safeguarding adolescents to inform safeguarding of young adults.

In turn, there are elements of adolescent safeguarding that might prove useful to those seeking to ensure young adults facing risk are supported most effectively. The Contextual Safeguarding¹⁷ framework (Firmin, 2017a) and learning from pilot areas offers some key messages and practical tools for safeguarding adolescents more effectively beyond the age of 18 years. A conceptual link might arguably be made with community social work approaches in adults' services, so areas that are embedding a neighbourhood model of integrated community health and adult social care might find that contextual safeguarding is more readily translated into adults' services.

Safeguarding in public spaces

Safer London has drawn upon Contextual Safeguarding to produce a toolkit for 'professionals in public spaces' – such as town centre managers, neighbourhood managers, and those working in transport hubs and retail spaces - to improve the safeguarding of young people up to the age of 25 in the public domain. See: <https://saferlondon.org.uk/wp-content/uploads/2018/05/Safeguarding-in-Public-Spaces-Toolkit-Draft-8-low-res-1.pdf>

¹⁷ Tools, resources and further information available at: <https://contextualsafeguarding.org.uk>

Contextual Safeguarding in Hackney

In April 2017, the London Borough of Hackney was awarded nearly £2m from the Department for Education's Children's Social Care Innovation Fund to develop a radical new approach to safeguarding. In recognition of the fact that many young people's needs cannot necessarily be addressed by traditional social work interventions, which focus on individual children and families, the council has been using Contextual Safeguarding theory to consider how, for example, peer groups, social media, neighbourhoods and schools, impact on young people's vulnerability and risk and integrate responses to these contexts into their child protection system.

Work is underway to develop a system that can accept referrals for extra-familial contexts as well as children and families, screen and assess these contexts and put a plan in place to address issues identified – a plan delivered by a range of agencies but overseen by social care. This includes work with partners in education, health, police, transport providers, local businesses, housing, and with parents and families, to support them in understanding contextual risk.

A neighbourhood pilot involved scoping out local businesses who are able to support the council, acting as 'community guardians' for Hackney's young people. Practitioners in the Contextual Safeguarding team have been trained to deliver Bystander Approaches Interventions.

Current priorities include:

- > Developing social work interventions that address peer and contextual relationships - including peer group work, multi-family therapy and interventions informed by models of detached youth work, social pedagogy, community psychology, restorative justice and bystander interventions.
- > Developing tools, training, policies and procedures to ensure Contextual Safeguarding factors are addressed in each aspect of the child's journey across the contexts of their lives, and others that directly address any contextual issues identified.
- > Developing meeting and conference models focused on contexts (and those responsible for them) which reflect meetings that have focused on families, including seeking dispensations from the DfE to remove the requirement to convene a Child Protection Conference where the risk is extra-familial.
- > Developing systems and scoping technology options, including the development of Mosaic (the social work database) to record peer group and location referrals, the use of apps to strengthen community engagement and potential options for linking databases.

Considerations for local areas

Making the case: Increased pressure on local authorities and partners to respond to complex risks and harms, such as sexual exploitation and modern slavery, point to the need to consider a new way of working to safeguard adolescents and young adults more effectively. It is clear that older adolescents have not always been served well by the system – they have often fallen through the gap between children’s and adults’ services as thresholds for support are not aligned or because transition planning is not effective enough. This can be due to a lack of recognition that harm will often continue post 18, or that offenders will target vulnerability irrespective of age.

Providing more effective and fluid support for young people as they enter adulthood not only supports their safety and wellbeing, but may also enable later cost-avoidance by reducing the need for specialist and statutory services and criminal justice involvement. Local areas will be better able to demonstrate the financial case for innovation in this area by working collaboratively to capture and analyse cost data, and developing creative approaches to shared or pooled resourcing arrangements.

Local areas implementing innovative approaches in adolescent service design have shown it is possible to demonstrate cost-avoidance and therefore make a case for sustainability, though this is acknowledged to be challenging, particularly where analytical capacity is not embedded within the innovation (Rees et al, 2017).

Contextual Safeguarding: A proportion of adolescents receive safeguarding support as a result of maltreatment and/or adversity earlier in childhood. However, safeguarding needs can emerge for the first time during the adolescent years – a period which researchers suggest now extends well into early adulthood – as adolescents and young adults encounter risks in different ways and contexts to those experienced by children and older adults. A distinct safeguarding response, designed to address their contextual risk, is therefore needed.

Key aspects of a Contextual Safeguarding approach include place-based multi-agency and partnership working – including work with families, neighbourhoods, communities, schools, local businesses and further education. This contextual approach to safeguarding could also be applied into early adulthood and at a strategic level to inform commissioning of services.

Risk enablement: Building young people’s resilience and promoting healthy development can involve enabling them to experiment and take proportionate risks, whilst acknowledging they may still lack the maturity of a fully developed adult. The concept of ‘risk enablement’ and a focus on individual strengths and outcomes, which is well established in safeguarding adults practice, offers a framework to do this.

It is important that adolescents are not assumed to lack capacity to make sound decisions, but rather to consider each young person individually and in the context of specific decisions, taking into account their development, histories and the range of situations that may present risks to them.

Considering capacity: In the context of safeguarding, adolescents might find themselves in highly coercive situations, such as the experience of intimate partner violence or sexual exploitation. Here, those seeking to safeguard adolescents may benefit from the expertise of adults' services colleagues who are skilled in assessing capacity. The MCA does not require there to be a diagnosis of a specific condition for it to apply, hence its use for safeguarding adolescents at risk of sexual exploitation.

Again, it must not be assumed that adolescents lack capacity. However, greater alignment of practice between children's and adults' safeguarding services in this respect may create a more coherent experience for those young people who remain in contact with services into adulthood and can help to support adolescents' ability to play a role in their own safety. It is vital to ensure that adolescents aren't held responsible for their own harm.

Cross-system learning: Much can be learnt from SEND, mental health, care leaving services and developments in the youth justice system where transitions have been a major focus. A number of aspects of adult social care practice might be applied more explicitly and widely to adolescent safeguarding. These include the use of rights-based, strengths-based, and outcomes-focused and person-centred approaches – all of which can play a role in promoting adolescents' development, self-efficacy and self-esteem. Embedding these practices can help to ensure adolescents and young adults are fully involved in decisions, and inform the design and delivery of services to further support the development of self-efficacy and independence.

Minding the gap: The threshold for statutory safeguarding of adults is, for many good reasons, set at a relatively high level compared to that for children. There is arguably not a widely applied early help approach for safeguarding adults and, whilst acknowledging such an approach might incur additional costs, it is also highly likely that addressing the needs of younger adults could avoid the need for later, high cost intervention.

Considering how the twin imperatives of welfare and wellbeing interact - or conflict - for young people on the cusp of adulthood has prompted some areas to design more fluid safeguarding responses. 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.

The changing landscape around local strategic safeguarding arrangements may offer opportunities for developing multi-agency and integrated models that can better enable a transitional approach to safeguarding. The structural changes at a local level may provide opportunities to more effectively pool resources, streamline assessment and support, as well as create a more fluid, developmentally-attuned and person-centred experience for adolescents and young adults requiring support to be safe.

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