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| **Title** | **Adolescent Service Description** |
| **Purpose** |  |
| **Updated by** | **Jan Smith** |
| **Approved by** | **Jackie Clementson** |
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**Surrey Adolescent Service**

**INTERIM PROCEDURES**

**Principles**

Children and Families are at the centre of all that we do. The purpose of the Adolescent Service is providing the right services at the right time to identify and support what needs to change around the child and their family. The service is structured to provide help with the least interference in family life. When the family need additional support, or the child is suspected or believed to be suffering harm, either the intensity or the number of services increases by additional resources coming on board. This prevents a break in the helping relationships, while recognising and providing the relevant additional resources to increase safety and stability.

The Adolescent Service is built on the belief that relationships are the key vehicle for achieving change. The service is underpinned by ‘Relational Practice’ principles, an intentional way of working where establishing, attending to, and maintaining empathetic and honest interpersonal relationships are prioritised. This includes our relationships with each other, with children and families and with partners. Adopting this approach supports us to create systems that can be trauma-informed and respond appropriately to individual’s diverse needs and experiences. It supports everyone’s ability to work restoratively to resolve conflict, repair harm and support change.

The relationships we build are purposeful, working with children, their families, and networks to set goals to know what ‘safer’ looks like, so everyone is clear why we are in their life. Our service recognises that children’s and family’s needs evolve and change, and we are committed to ensuring the continued reflection and development necessary for us to adapt and meet their needs.

Our Work is locality based with our practitioners focussing on an area so they can get to know the family’s and resources in that locality. As such the Adolescent Teams will come together in borough and district offices to work together and support one another with their main office base being that locality office.

**Criteria**

We recognise that adolescent children and their families require different responses. The Adolescent Service supports and helps protect adolescent children and their families facing complex challenges and where extra-familial risks or harms are the key concern impacting safety. The Adolescent Service will work across targeted, intensive and statutory domains within the continuum of support, with a strong focus on preventing escalation. They will provide intervention where there are multiple and complex needs and the impact of which will increase their likelihood of entering care or custody, or suffering extra-familial harm and where the adolescent is the primary concern.

We recognise that adolescent children and their families require different responses. The Adolescent Service will work across targeted, intensive and statutory domains within the continuum of support, with a strong focus on preventing escalation. They will provide help and protection where complex needs have been identified as outlined below.

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| 1. Children 11 and above facing complex challenges where extra-familial risks or harms are the key concern that is impacting safety. 2. Children 11 and over who are suffering, or likely to suffer, extra-familial harm or abuse (*including Child Sexual Exploitation, Child Criminal Exploitation including County Lines, Radicalisation and/or who are impacted by Serious Youth Violence and/or frequently missing*) 3. Children 11 and over who are likely to enter care without the provision of services as a result of relationship challenges within the family environment. 4. Children 11 and over who are formally diverted from, or enter, the criminal justice system including via Remand to Local Authority Care 5. 16 and 17 year-old children who are at risk of or are presenting as homeless. 6. Children 11 and over who are vulnerable to or have been excluded from education, where this is impacting on relationships within the family home and/or increased risk of extra-familial harm. 7. Children 11 and over who require additional support due to emotional and mental health presentation, neurodiversity and additional needs where this is impacting on relationships within the family home and/or increased risk of extra-familial harm. |

These are interim procedures and as the system of support continues to be developed Adolescent Services will continue to provide support for young people who present with multiple and complex needs in line with the targeted, intensive and statutory descriptors in the continuum of support. It is our aim that as the mental health pathway, youth service and education offer develops that these services will provide additional pathways for young people needing help and support.

Where the needs of the adolescent are the primary concern, the aim is for the whole family to sit within the adolescent service with specific support being provided by other specialist services as needed. When the key factors relating to help and protection are intra-familial the family should be supported via Early Help Family Services or Family Safeguarding but again if specialist adolescent support is required this will be provided in line with the plan for the family. There will be occasions when it is not clear where harm is directly attributable. In such circumstances, services should work together to identify and ensure those best placed to support the family are available in line with the continuum of support. Where this occurs, the initial practitioner involved in supporting the family will remain involved until a clear pathway has been agreed.

**Services**

The **Area Teams** provide planned mid to longer term Targeted, Intensive and Social Work intervention via dedicated teams. Each team covers one of the eleven district or borough areas across Surrey. Teams consist of Adolescent Practitioners and Social Workers who are supported by an Adolescent Team Manager and Social Work Team Manager and are overseen by a Service Manager. The teams work to mitigate transfers across services, working collectively to hold children within the service by additional services coming ‘on board’ as needed by the child and family.

The **Central Hub** provides intensive, responsive, and extra-familial based services that provide central and additional functions across Surrey.

* **Missing and RHI**

The Missing and RHI function will support in the direct delivery of RHIs along with colleagues in the regional hubs, they will assist in compiling and maintaining detailed missing data, upskilling and development for adolescent practitioners on the expectations around missing episodes – including ensuring the relevant recording is completed within agreed timescales – and will support the risk and intelligence function in compiling detailed locations and thematic missing children data.

This team is comprised of 6 adolescent practitioners, a senior adolescent practitioner and a team manager. The nature of their work will mean they will be required to develop and maintain effective relationships with their regional hub colleagues, acting as a point of contact, consultation and support in the delivery of the tasks described above.

These roles will require a degree of responsiveness to incidences of children going missing from home and the timescales around completion of return home interviews.

Missing Adolescent Practitioners will offer a Return Home Interview to all eligible children who go missing and/or provide short term missing prevention support where they do not have an allocated practitioner. For all other children there will be a conversation to agree who will be best placed to undertake the RHI with the child. RHI’s are shared with key professionals and Child and Exploitation Missing Police. For children who frequently go missing the missing prevention and RHI’s are an essential part of intervention, and a named Adolescent Practitioner will be allocated to provide ongoing support and continuity.

* **Risk and Intelligence**

The Risk and Intelligence team will have the combined purpose of supporting the area teams with the management of their most high-concern children, supporting the risk and vulnerability management (RVM) function and providing direct short-term intervention leading on the service approach to mapping problematic locations, groups and other contexts where exploitation is present.

This team is comprised of 6 adolescent practitioner staff and a team manager. The nature of their work will mean they will be required to develop and maintain effective relationships with their regional hub colleagues, acting as a point of contact, consultation and support in the delivery off the tasks described above.

* **Intervention Support**

The Intervention Support team will be contextual intervention specialists and undertake intervention support to the regional hubs, special projects designed to impact on existing extra familial harm issues and staff development in the use of contextual resources / tools.

The Intervention support function will also support the risk and intelligence team in devising effective actions from mapping exercises.

This team is comprised of 6 adolescent practitioner staff and a team manager. The nature of their work will mean they will be required to develop and maintain effective relationships with their area teams colleagues, acting as a point of contact, consultation and support in the execution of the tasks described above.

The intervention support team will be responsible for maintaining a consistent approach in the use of tools and resources for addressing context-based problems and sharing and compiling useful information to support the data picture across the county.

* **Edge of Care**

The Edge of Care function should respond in real-time to crises in-family and support in those circumstances where there is a risk of a child coming into care and where 16/17-year-olds are at risk of becoming homeless. This team will be agile and mobilised quickly in order to mitigate the risk of adolescents becoming displaced through inter-familial conflict. This function will work closely with the lead for Youth Homelessness to ensure staff are skilled in providing effective and up to date advice and guidance.

This team is comprised of 9 adolescent practitioner staff, a senior adolescent practitioner and a team manager. The nature of their work will mean they will be required to develop and maintain effective relationships with their regional hub colleagues, their Central Hub colleagues and the youth homelessness lead, as well as acting as a point of contact, consultation and support in the execution of the tasks described above.

* **16/17 Year Old Homelessness Prevention**

16/17-Year-Old Homelessness Prevention is comprised of the Homelessness Lead and one adolescent practitioner with the remit of supporting the lead in their role providing practical support, advocacy and advice and guidance to other professionals. The Homelessness Lead will retain these responsibilities, with the additional remit of maintaining and updating policies and procedures, undertaking staff development work and driving standards across the county. This team will work closely with the Edge of Care team in trying to ensure as best as possible that children in crisis with their families do not end up presenting as homeless.

* **The Youth Offer**

This service sits alongside the Central Hub as part of our overall Adolescent Service, providing community-based youth work services including Child and Young Person Havens mental health support, Engage Custody support, detached and bespoke extra-familial support.

* **Youth Justice**

Surrey’s ‘Children, Families and Learning’s’ overarching vision is ‘to support families and enable children and young people to be and feel safe, healthy and make good choices about their wellbeing. We aim to ensure that Surrey's children and families have access to a range of services that tackle inequalities, support independence and enhance lives. This shared ethos and approach has contributed to a strong partnership model across the local authority and created a foundation from which Surrey Youth Justice Service (YJS) has been able to develop systems of support and thrive.

The primary aims of the multi-disciplinary Youth Justice Service are to keep our first-time entrants (FTE’s) low, reducing re-offending rates, protecting the public from harm and ensuring victims are supported wherever possible. We endeavour to utilise a trauma informed approach and ensure a ‘child first’ ethos is embedded through the course of our work with children and families.

Within Adolescent Services there are 4 distinct YJ Teams that operate, the first of which has oversight for all YJ work completed in Surrey and the other 3 which are based

in each of the areas that will provide the intervention and support for young people that require a youth justice outcome either through our early intervention support through Youth Restorative Interventions or as a part of our statutory post court work. All work is referred either through our ‘Joint Decision-Making Panel’ or through the courts – there is no direct referral for youth justice services by any other means. The youth justice service will provide focused interventions that look at the criminogenic factors influencing the young person’s life and will work in partnership with other agencies to provide wrap around support. Our work is focussed and distinct from Early Intervention or statutory support.

* **Intensive Family Support**

The IFSS teams work closely with a wide range of partners and colleagues in social work teams where specialist services are required. The team supports families where there are interconnecting needs across all family members; seeking to prevent impairment of children’s health and development by supporting areas such as housing, domestic abuse, parenting, substance misuse, mental and physical health, education, and employment.

Teams operate in the four quadrants in Surrey and are made up of six practitioners, within the "intensive support - getting more help" area of the continuum of support. IFSS and the Adolescent Service can share expertise to benefit wider family support, however there should not be transfers between these services.

**Routes In and Out**

**In the North, West, East and Central teams the Team Managers will meet together each morning to review the trays and ensure that all work that needs to be responded to is done so by the correct part(s) of the service.**

Allocation to Adolescent Services (Lead Professional/Worker)

**Central Hub**: Where work has been allocated to the Central Hub and requires intervention this will be recorded through different means depending on the type of referral that the central hub receives ranging from opening up a missing episode to a short form of the Early help assessment. At the end of our intervention if further support is required then the young person will be transferred to the appropriate Early Intervention team.

**Youth Justice:** Where a young person has been arrested and a scarf has been received by CSPA this will be progressed in the usual way for any referral. If there are immediate safeguarding concerns, then this will progress to the relevant assessment team. Where the CSPA identify further multiple and complex needs then this can progress to Adolescent Service. Where there are no further issues other than related to the incident then no further action will be taken as this SCARF and the potential youth justice intervention will be delivered by the youth justice team. If at the end of the work there is a need for ongoing support then this will be discussed with the relevant Adolescent Team manager and a new contact initiated on EHM. If concerns increase during the youth justice intervention and a Child and Family assessment is required then this will be discussed with the relevant Adolescent Team manager. If a young person is already open to Adolescent Service when they receive a youth justice outcome then if they are open under CiN/CP this will continue until the plan is completed. If they are open to Early Intervention then a discussion will be held to consider if there are any elements of the plan which the current practitioner will need to continue, if there are none then they will close the episode.

**Targeted Help**: For planned assessment and intervention at a Targeted Help level, the C-SPA will direct referrals to the relevant area team. The area teams will inform the family of the referral within 2 working days, identifying the timescale as to when their work will begin.

**Social Work**: For children who require statutory assessment under Section 17, Section 47, and/or Section 20, the C-SPA will direct referrals to the relevant Assessment Team (unless 16 or 17 and homeless). However, where a child is open to the Adolescent Service at an Targeted Help level, the route for statutory assessment is within the allocated Adolescent Service, agreed between the Area Team Manager and Social Work Team Manager. [*The long-term vision is that all assessment that meets the Adolescent Service criteria will flow directly to area-based teams*]

For the full transfer of allocated Lead Professional/Worker from Assessment or Family Safeguarding to the Adolescent Service, Transfer Meetings will continue to take place in each area as they do now. The transfer and allocation process is being reviewed countywide, to achieve consistency across the areas. . Children are allocated to area-based teams at the agreed threshold level.

DUTY COVER Duty arrangements are in the process of being designed. There will need to be duty cover in the hub and each locality area. The purpose of duty is to respond to emergencies where they cannot be dealt with by the allocated worker or within their team. Day to day tasks will not be dealt with on duty unless it is an emergency. Short daily meetings will take place initially to review all urgent work and plan any interventions.

When a child not already known to Children’s Social Care is Remanded into the Care of the Local Authority, they will be allocated to a Social Worker within the Adolescent Service who will work with the allocated Youth Justice Worker to undertake Remand Planning and Detention and Placement Planning.

**Allocation to Adolescent Services (Additional Resources)**

Central Hub Missing, Intervention, Risk and Edge of Care teams **do not** hold allocated Lead Professional roles. Their roles are specifically ‘in addition to’ to ensure that they can provide the responsive and urgent services necessary.

**Return Home Interviews** are allocated to an Adolescent Practitioner as soon as the Local Authority are aware that the child has returned from a missing episode. The Adolescent Practitioner will arrange to undertake and complete the RHi within 72 hours. The missing team may provide some additional support to minimise repeat missing episodes. Where the child wishes to undertake the RHi with their allocated worker, this should be facilitated. Where a child does not have an allocated worker then the Missing Team will undertake the RHi.

**Central Hub** and **Edge of Care** services can be accessed from the moment a child is referred to Children’s Social Care and meets the criteria for the Adolescent Service, to maximise reachable moments and minimise family breakdown. In practical terms, as soon as the child is allocated, intervention can be put in place for services to come on board that same day. Where this is a new request for support that has been triaged by a locality team manager this episode can be transferred to the Central Hub tray once a consultation has been undertaken with the Central Hub who will pick it up and provide short term intensive support with a view to preventing escalation. Central Hub support can also be requested for children already open within any part of Children’s Services where it is identified that they are suffering, or likely to suffer, extra-familial harm . Requests for additional support and a consultation can be sent to the Central Hub and Edge of Care duty inbox.

**Intervention for Children placed in Surrey by other Local Authorities**

For children subject to formal Orders, the Youth Justice Service will receive a request for local management. Where extra-familial risks or harms are identified, the Central Hub must be notified and inclusion within Surrey’s Risk and Vulnerability Management pathway will be required.

When a Looked after Child placed in Surrey is linked or associated with a context of concern, and/or impacted or impacting local children and/or communities, the Central Hub will liaise directly with the responsible Local Authority and ensure that any risk posed is considered within any individual or context-based planning. The placing Local Authority retain responsibility for their child; however, it is important that Surrey services are working together.

Where a child is Looked After by another Local Authority but placed in Surrey, it the responsibility of that Local Authority to undertake Return Home Conversations. In exceptional circumstances it may be appropriate for Surrey’s RHC Service to support another Local Authority when a child is in Surrey and highly vulnerable.

**Transfer out of the Adolescent Service**

Wherever possible, efforts should be made not to transfer children out of the Adolescent Service when they remain in need of services. However, the service is a finite resource and there will be occasions where children do need to transition, for example the whole family are subject to care proceedings and where a child’s plan for permanence is to remain Looked After.

**Exit Planning**: When the identified work is completed, or the family no longer wish or need to receive services, every effort should be made to maximise the community-based structures of support around the child and their family. This may include support to access local groups, voluntary and third sector support and ensuring contingency plans are drawn up with children and families. Some families may benefit from a phased exit and this should be discussed and agreed with them as part of our work. In particular any exit plan will need to be agreed with partners and the final TAF/Exit planning meeting. Practitioners will also need to check in with the family 6 weeks after closure where there has been ongoing CYPS and/or SEND support as part of the exit plan. If the child has not engaged in any CYPS or SEND support as part of the exit plan, then the practitioner will follow this up with the relevant agency to see if any further action or support is required.

**Social Work**: For children who have a plan for permanence and their trajectory is long term care, arrangements should be made for them to transition to Corporate Parenting. They may retain additional wrap around support from the Adolescent Service to support transition. Where it is identified that the Local Authority need to enter PLO due to intra-familial abuse, and they key concerns centre upon younger children within the family, Family Safeguarding should formally take the lead.

To other Local Authorities: (see relevant policy). For children who are known to the extra-familial harm pathway, but placed outside of Surrey, Surrey retain the responsibility for care planning. SAFER plans should include detailed agreements between the different agencies and police forces who are responsible.

**Within the Adolescent Service**

Children do not transfer within the Adolescent Service. It may be that on occasion a child requires a team of professionals around them, or additional services are required at times. It may be that different members of teams will support at different, critical times. However, the key aim is to maintain consistent, relationship-based support within the service. This includes the child and family having a relationship with ‘the service’.

**SAFER: Risk and Vulnerability Management Pathway**

* **EFH Assessment**: Whenever it is suspected or believed a child may, or is, suffering extra-familial harm the EFH Assessment on EHM should be completed. For LCS users, this is accessed via the ‘EHM’ toggle on the child’s LCS record. The EFH Assessment captures the key factors that could indicate extra-familial risks and harms and requires the allocated worker to summarise the concerns via analysis section. Where risks or harms are identified the child will be graded as ‘emerging’, ‘medium’ or ‘high’ and work flowed to the Central Hub.
* The **Central Hub Review** all EFH Assessments, quality assuring the grading and capturing and sharing relevant multiagency information and intelligence where appropriate. This is undertaken by area-based Team Managers and Child Exploitation Detective Sergeants. Once the EFH Assessment is completed the child will be on the ‘EFA’ Pathway and show on both EHM and LCS as ‘EFH’. All ‘emerging’ risk will be held at Central Hub, with ‘medium’ and ‘high’ scheduled for review at Divisional SAFER Risk and Vulnerability Management Panels.
* A **SAFER Plan** must be created for every child who is on the EFH Pathway. The plan should outline the agreed way the child, family and network will increase safety and disrupt risk and harm. This should include detail as to how the network will work together. The SAFER Plan is designed to mitigate the ‘dynamic harm’ around a child and should form part of their Police trigger plan if they frequently go missing. The SAFER Plan should be updated in accordance with changing needs, risks and vulnerabilities and shared across the network.
* The **SAFER Meeting** is the universal agenda to support the child, their family and network to create the Safer Plan. The meeting can operate as a stand-alone forum or be incorporated as part of a Team Around the Family, Child in Need or Core Group Meeting. Working in this way supports the ability for plans to travel with children and their families.
* **SAFER Risk and Vulnerability Area Panels** take place biweekly and are co-chaired by area Child Exploitation Detective Inspector and Area Hub Service Manager. They bring together senior operational and strategic leads to review and track the impact of activity around individual children through the review of SAFER Plans, disruption activity, and context-based intervention. Divisional Panels will track and respond to arising themes impacting the areas the oversee and undertake bi-annual multiagency quality assurance activity. Where activity is insufficient, panels will direct activity or work to remedy challenges across systems.
* **Joint Action Groups** (JAG) bring together district and borough led services to respond tactically to area-based issues. The JAG framework has been updated to ensure that where activity in areas is impacting the safety of children, the JAG is the forum to target and tackle that harm, while the response to individual children sits within the EFH Pathway.
* **Strategy Discussions and Extra Familial Harm** Where it is suspected that a child has suffered, or is likely to suffer significant harm – including extra-familial harm, a Strategy Meeting should be convened.
* Where there is cause to suspect a child is the victim of Modern Slavery and/or Human Trafficking, as a first responder the Local Authority has a duty to notify the Home Office via the National Referral Mechanism. At the strategy meeting, it should be established who is best placed to submit the NRM with the full multiagency information. The outcome of the strategy discussion must be reflected in an (updated) Safer Assessment and Safer Plan and shared with partner agencies.
* The Strategy Discussion should detail the strategy to investigate who is causing the harm and activity required to disrupt it, and the strategy to safeguard those impacted.
* The Strategy Discussion must determine if an investigation under Section 47 is required and if an Initial Child Protection Conference should be arranged. If it is suspected that the child is suffering significant harm including extra-familial harm, the strategy discussion should determine the immediate steps to safeguard and the sequencing of onward investigation(s). If it is concluded that the child is either no longer at risk of significant harm, or that the initial concerns are unsubstantiated, the ICPC can be cancelled.

**Group Supervision and Reflective Practice**

Each team within the Adolescent Service is committed to a weekly morning or afternoon **Group Supervision** session and monthly **Reflective Practice**. Each member of the team takes responsibility to attend prepared and on time. Team members will present a child, family, circumstance, decision, or difficulty for the group to reflect upon and discuss. They will agree together the way forward and detail the actions arising. This will then be recorded on the child’s record. Each child open to a team should be discussed by the group at a minimum of three-monthly cycles.

**Group Supervision** is an inherent component of the model to ensure the following is met:

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| * Relationships are ‘held’ by the team, providing support and containment for one another * Teams have the time to actively reflect, think and consider best approaches to complex circumstances and decisions * Multiple perspectives offer the best opportunities to find the best solutions to identified needs * Teams develop a collective approach to their work, driving consistency and clarity for families * Team members can respond to families as they have existing knowledge reducing the likelihood of families having to repeat their stories |

**Reflective Practice Groups** take place once a month for Service Managers, Team Managers, Social Workers, and Adolescent Practitioners. The groups comprise members across all parts of the Adolescent Service to drive continuous development and consistency to finding solutions across the workforce. For each meeting, the group will decide upon an issue, or a circumstance, relationship, or dilemma that they would like help to resolve. These groups are not action led, they provide reflective group space to explore circumstances and work together.

**Learning and Quality Assurance**

The Adolescent Service works with children and families who’s needs regularly change. They live within communities and contexts that routinely change, meaning that what they experience, their needs, strengths, risks, and vulnerabilities also change. A key principle of the Adolescent Service is to ensure that there is the flexibility to respond effectively through continuous development. While central structures may remain static, the work and the way in which we need to respond will change.

Quality Assurance activity is key component of the commitment to continually evolve and deliver the best services. In addition to standard audit activity:

Monthly thematic Dip Audits are undertaken for Return Home Conversations by peer Central Intervention Team Managers to develop both practice and capture emerging themes.

Bi-Annual Multiagency peer review of Children subject to the Extra-Familial Harm Pathway is undertaken by the SAFER Risk and Vulnerability Management Divisional Panels (e.g., North audit East, East audit West, West audit North). Learning is collated via the SAFER Strategic Group and translated into tangible action plans to continually develop.

The Adolescent Service undertakes an annual skills audit of the workforce to ensure areas for development are identified and high-quality training is scheduled alongside the standard offer.

All staff within the Adolescent Service will need to have access to both LCS and EHM and be familiar with the Extra Familial Harm Pathway

Staff will need to complete the ‘Supporting Families Outcomes at the beginning of the plan and at closure.

**Language**

Crucial in embedding a consistent approach to the way in which we work with Adolescents across the county is ensuring across both internal and external partnerships, we are employing the same use of language, when talking about the various themes, contexts and experiences had by children supported by the service area.

**Scaled Approach ‘The Offer’**

In determining the rate of contact required by teams in the central hub, it is important to align this with the level of concern and degree of potential harm the child(ren) we are seeking to support may experience.

To this end, it is proposed that the teams will adopt a scaled approach to contact with children, similar to that employed in the youth justice system.

Setting an arbitrary framework in this manner is designed to set out the minimum level of contact deemed necessary to support the child, based on the presenting needs, however we retain the judgement to operate outside of this framework if it is defensible to do so and management oversight has been exercised in scrutiny of the decision making.

An example of a scaled approach to contact is shown below:

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| Level | Vulnerability | Action Required | Frequency of Contact |
| **Red**  **Intensive Support**  **High Risk** | Suffering abuse and needs protection and is causing or likely to cause serious harm  Abuse is taking place in context. Further harm is very likely and imminent, the consequences of which will be serious/severe. | Immediate harm reduction | Min. 3x per week |
| **Amber**  **Regular Support**  **Medium Risk** | Suffering harm and needs targeted intervention and/or causing or likely to cause harm.  Harm is taking place in context, or the threat is likely and will impact the child(ren) and/or the community. | Longer term, lesser harm reduction | Min. 1x per week |
| **Green**  **Minimal Support**  **Emerging risk** | At risk of suffering extra-familial harm and would benefit from additional support.  There are indications or changes in context that could indicate a threat of harm. | One- off or Short-term low-level intervention | Min. 1x per fortnight  Max 2x per week for 2 weeks |

It is also an aim of the adolescent service that interventions will become better sequenced, by giving a prioritising weighting to the most pressing issues, where harm is most imminent and reducing the likelihood of inducing overwhelm in children and families by organising delivery in a more thoughtful and considerate way.

This should also make mandatory the inclusion of exit and maintenance strategies into planning, planning for transition away from support from services and earlier preparation for the ending of relationships and closure of support.

It is proposed therefore, that detailed planning meetings at the onset of interventions are convened by the lead worker in order to organise the sequenced delivery of support, agree the roles and responsibilities of those in the professional network and identify any support gaps at the earliest stage. The format of these planning meetings has not yet been determined; however, it is possible this could become integrated into the existing TAF process.

**Developments**

This is an interim document providing details on the new and developing adolescent service. However, there is still a lot of work to do some of which includes the following:

* **RVM**

Risk and Vulnerability Management will replace RMM. This will be piloted in the East from mid-July and then following a review will be rolled across the county from October.

* **Extra Familial Harm Pathway**

This is now live on EHM and will be piloted in the East and then again will rolled out from October across the rest of the county

* **Missing Protocol**

A new missing protocol and procedures will be developed over the summer with a view to a new missing service being implemented in September.

* **Mental Health Pathways**

This is work that is about to start and will look at how Adolescent Services will support young people with mental health concerns and the additional support that can be brought into the service to support this function in line with our core principles.

* **Adolescent Offer**

This is a workstream that is continuing to look at what the totality of our adolescent offer will be to young people and families.