Transitional Safeguarding: adolescence to adulthood

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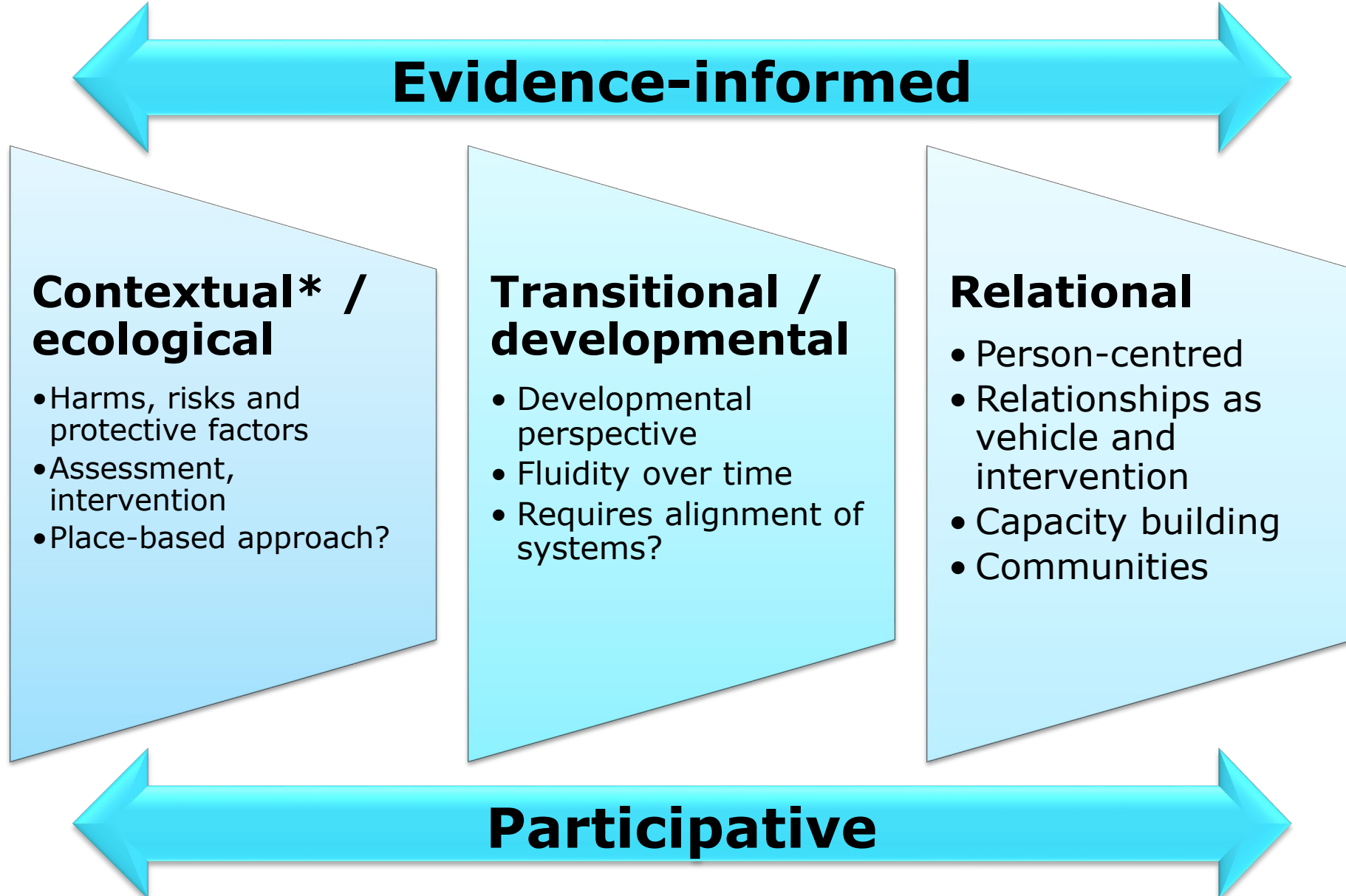Care and Health Improvement Programme, Local Government Association

› Adolescents may have **distinct** safeguarding needs, harms - and routes to protection - are often 'contextual' / extra-familial and are underpinned by complex social and biological drivers

› Harm and its effects do not abruptly end at 18; support may do

› **Transition** to adulthood is a particularly challenging and vulnerable time, we may need care and support without having Care & Support needs™

› Need to consider promoting **resilience** and their changing **developmental** needs

› There are **moral** and **economic** drivers for a reimagined safeguarding system which is contextual, transitional and relational.

It's a system thing...

› Have we defined our goals correctly to optimise the whole system? *Protection and preparedness*

› Do we have joined-up systems analysis, paying attention to dynamics, or are we lost in static data? *Risk matrices*

› Are we avoiding creating irreversible emphasis? *Missing/care*

› Are we paying enough attention to the potential side-effects of our actions? *Iatrogenic safeguarding intervention*

› Are we avoiding over-steering or over-reacting? *Knife crime*

› Are we avoiding authoritarian action? *CCE / YV*

› How can we act with humility & future consciousness, applying foresight & transformative innovation in the face of the unpredictability & uncontrollability of complex dynamic systems? *$64,000,000*

https://medium.com/age-of-awareness/how-can-we-participate-appropriately-in-complex-systems-aec17e74cd9f

If we designed from scratch...?

Evidence-informed

Contextual* / ecological
- Harms, risks and protective factors
- Assessment, intervention
- Place-based approach?

Transitional / developmental
- Developmental perspective
- Fluidity over time
- Requires alignment of systems?

Relational
- Person-centred
- Relationships as vehicle and intervention
- Capacity building
- Communities

Participative

(see Firmin's work - https://contextualsafeguarding.org.uk/)

- Complex, contemporary risk – and ever-evolving

- Emerging agency and our conflicted notion of choice / autonomy makes teenagers 'imperfect victims' (Rees and Stein, 1999)

- Working within a child protection system that is designed primarily to meet the needs of younger children maltreated within the family (Bilston, 2006)

- Recognised (healthy?) tension re adults' autonomy / capacity and the societal imperative to enable people to be safe whatever their 'entitlements'.

Redefining adolescence and transition

› Some studies into brain development and effects on behaviour show some elements of brain growth – eg development to more mature affect regulation, social relationships and executive functioning - continue into the 20s (Sawyer et al, 2018)

› "An expanded and more inclusive definition of adolescence is essential for developmentally appropriate framing of laws, social policies, and service systems. Rather than age 10–19 years, a definition of 10–24 years corresponds more closely to adolescent growth and popular understandings of this life phase" (Sawyer et al, 2018)

› BUT biological studies to define capabilities of adolescents should be treated with caution, not misinterpreted in reductionist ways (Moshman, 1999).

Child protection ('rescuing babies from harm in the family')

Making Safeguarding Personal ('Person-led, risk-enablement, choice & control')

Divergence
(Holmes & Smale, 2018)

› Neither system specifically designed with adolescents' developmental needs/behaviours in mind, nor do existing approaches reflect evidence that adolescence = 10-24.

› Systems have developed in accordance with different legislative and policy frameworks and arguably divergent conceptual frameworks.

› Child's consent is not required to initiate a safeguarding response; broadly considered essential that an adult's consent is sought before making a safeguarding referral unless they are found to lack capacity.

› Has implications where a young adult is facing a high degree of coercion and control, and may not be able to make free informed choices about their safeguarding needs but does not lack capacity in the formal sense.
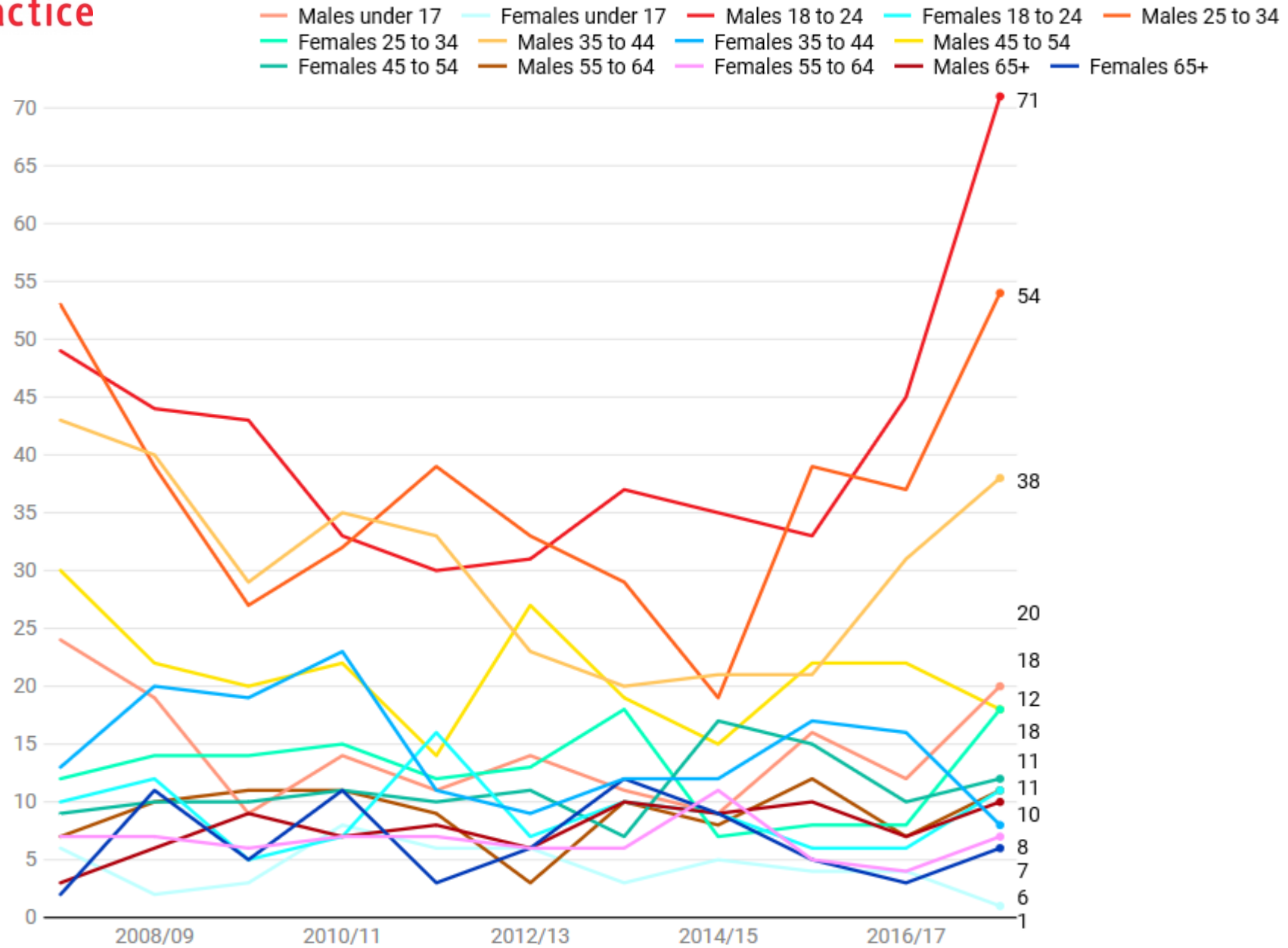
	YP in general population	YP in custody
Learning disability	2–4%	23–32%
Comms impairment	5–7%	60–90%
ADHD	1.7–9%	12%
Autistic Spectrum Disorder	0.6–1.2%	15%
Any head injury	24–42%	49–72%
Head injury (LoC)	5–24%	32–50%

"Young adults involved in the CJS have often themselves been victims of crime. Many have a history of being exposed to violence, including in the home, abuse, neglect, bereavement relating to the deaths of parents, siblings and other close relatives, and criminal behaviour by parents and siblings. These traumatic events have frequently occurred from a very young age and, the traumatic effects may be raw."

(Justice Select Committee, 2016)

Structural factors require connected systems

› Poverty shown to have a strong causal effect on physical and mental health (Marmot and Bell, 2012)

› Poverty linked to SE of adults; increases psychological distress and reduces opportunities for employment (Wilson and Butler, 2013)

› SE can compound mental ill-health for many adults, and MH issues arising from sexual exploitation can result in diagnoses of PTSD, (Levine, 2016)

› Connection between modern slavery (including forced labour, sexual exploitation and trafficking) and homelessness (bi-directional) (The Passage, 2017)

› Adults who are termed as having multiple needs and exclusions are known to experience a range of negative outcomes and are more likely to have experienced adversity in childhood (McDonagh, 2011; RiPfA, 2015)

› Interconnectedness of these harms and adversities requires a highly integrated system of support, whereby attention is paid to childhood/adolescent experiences.

Rescue Vs Reform

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

› Young people's 'risk-taking' - underpinned by *interacting* biological, social, environmental and neurobiological changes (Calkins, 2010)

› Risk can be positive (Coleman, 2014)

› Ego-syntonic risks

› Adapted to harms experienced in earlier childhood

› Unmet needs - seek to meet via risky routes

› Misinterpreted as rational informed 'lifestyle choices' → YP denied appropriate support / permission to give up

› Conversely, professionals can minimise people's choice and agency

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› Conceptions of vulnerability are central to the way risk is classified and the totality of a person's vulnerability may not always recognisable from apparently isolated incidents (Bradford, 2004)

› Factors interact in complex ways, vary between individuals, and are dynamic

› Behaviour / 'choices' can eclipse all else

› Simplistic checklists / 'predictive' assessment tools can be problematic

› Episodic support can exacerbate the problem

➢ **So, professionals *must* have time to really know people to exercise judgment**

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

(Aisha, care-experienced young person)

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

(Kelly, young adult)

What are we seeing in adults' safeguarding?

- Safeguarding Adult Reviews regarding young adults (see next slide)

- Concerns about people who need 'safeguarding' in a broader sense than the statutory definition of safeguarding adults

- Challenges to how safeguarding processes are used for people who are rough sleeping or homelessness, substance misusers or have mental health problems, or experiencing domestic abuse.

- Service providers and commissioners not getting it right for younger adults

Safeguarding Adults Reviews

- **Colin** – Safeguarding Adults Review

https://www.safeguarding-bathnes.org.uk/sites/default/files/sar_colin_national_briefing.pdf

- **Ms A** - Havering Safeguarding Adults Review

https://www.havering.gov.uk/download/downloads/id/1409/executive_summary_-_ms_a.pdf

- **Sophie** – Richmond and Wandsworth Safeguarding Adults Review

https://www.richmond.gov.uk/media/16808/sophie_summary_and_action_plan.pdf

- **Mr D** - Portsmouth

http://www.portsmouthsab.uk/wp-content/uploads/2019/05/PSAB-Mr-D-2019-Executive-Summary-vFINAL.pdf

› Deliberative learning from other services and parts of the wider system where transitional approaches are more embedded

› 'drawing down' best practice from safeguarding adults into safeguarding adolescents: rights-based approaches, MSP, wellbeing focus

› Considering how Contextual Safeguarding and Complex Safeguarding and other innovations in children's safeguarding might inform safeguarding of young adults: place-based, partnership approach

› Reflect on how safeguarding responses can overlook – even exacerbate – vulnerability…Iatrogenic interventions?

› Build local capacity for system redesign, analysis, cost-benefit

› **Empowerment:** People being supported and encouraged to make their own decisions and informed consent.

› **Prevention:** It is better to take action before harm occurs.

› **Proportionality:** The least intrusive response appropriate to the risk presented.

› **Protection:** Support and representation for those in greatest need.

› **Partnership:** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

› **Accountability:** Accountability and transparency in safeguarding practice.   (Department of Health, 2017)

Resilience & participation

› **Relationships** are paramount to promoting resilience (Coleman, 2014)

› **Self-efficacy**, **positive identity development**, **aspirations** - commonly associated with resilience, are areas that professionals can exercise some influence

› Children's **rights to protection and participation are mutually dependent and indivisible** (UNCRC)

› "[User] Involvement supports development of effective safeguarding practice, informed by people whose self-confidence, self-esteem and resilience can be developed through that involvement." (Droy & Lawson, 2017)

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

(Max, care-experienced young adult)

The evidence invites us to challenge traditional assumptions regarding the capacity of adolescents and the maturity and self-reliance of adults.

It requires us to ask a different question

When we deny people self-efficacy...

"I was basically a puppet. When they [the police] *wanted me, I had to do it. When they didn't want me, I heard nothing."*

"Workers expect you to tell them everything about your lives but then they tell you nothing about theirs . ... That's how the men work too – they find out everything about you then don't even tell you their real name."

(See Camille Warrington's work)

› Financial constraints facing local areas make it difficult to countenance any non-statutory activity

› Investing in preventative and recovery-oriented work to promote people's safety and wellbeing can play an important role in avoiding the costs of later intervention

› Evidence from the UK and international contexts suggests that failing to help young people recover from harm and trauma can mean that problems persist and/or worsen in adulthood, creating higher costs for the public purse (Chowdry and Fitzsimons, 2016; Kezelman et al, 2015)

› Adults facing multiple problems and adversities can find services are not able to meet their needs effectively, meaning this group of adults 'end up living chaotic and expensive lives' (see MEAM Network)

What is Making Safeguarding Personal?

Making Safeguarding Personal means adult safeguarding:

- is person-led
- is outcome-focused
- enhances involvement, choice and control
- improves quality of life, wellbeing and safety

= a 'culture and practice change' or

approach to adult safeguarding

= in the statutory Care Act 2014 guidance

Making Safeguarding Personal is about:

- Enabling safeguarding to be done with, not to, people
- a shift from a process supported by conversations to a series of conversations supported by a process
- talking through with people the options they have and what they want to do about their situation
- ensuring an emphasis on what would improve quality of life as well as safety and achieving meaningful improvement in peoples' circumstances
- developing a real understanding of what people wish to achieve and how (recording their outcomes/seeing how they are met)
- Utilising professional skills rather than 'putting people through a process'
- Maintaining an ongoing emphasis on Human Rights
- Developing an understanding of the difference we (people working in this area) make in outcomes for people at risk of abuse or neglect

Making Safeguarding Personal practice is also about:

- Not walking away when people say 'no' when there are issues of duties of care, public interest, or risks to others
- Utilising professional curiosity and understanding the circumstances of someone's life
- Developing legal literacy to understand what legal options might be appropriate to use to support someone to keep themselves safe from abuse or neglect
- Competent practice in applying the Mental Capacity Act 2005
- Supporting 'unwise' decisions and enabling risk appropriately to someone's personal circumstances
- Working within a supportive organisational culture
- Strategic and management leadership that supports the MSP approach to practice
- The MSP approach being adopted by all partners, especially by all those undertaking enquiries

Making Safeguarding Personal

2009/10	Literature Review on adult safeguarding
2010/11	Making Safeguarding Personal Toolkit of responses
2012/13	MSP – 5 Council 'Test bed' sites & report
2013/14	Piloting MSP in 53 Local Authorities; Published: 2013/14 Report; MSP Guide; and MSP Case Studies
2014/15	MSP mainstreamed to all 52 Local Authorities; incorporated in Care Act 2014 guidance; Updated MSP Toolkit, Domestic Abuse and Adult Safeguarding guide published
2015	Journal of Adult Protection Special Issue (June)
	RiPfA evaluation MSP 2014/15 published
2016	MSP 2016 'Temperature check' published; recommendations progressed through (LGA/ADASS)
2017	MSP for Safeguarding Adults Boards – resources
2018	Briefing on Risk for Safeguarding Adults Boards, MSP outcome framework published
2019	MSP Toolkit, Case Studies – new versions

- We knew we weren't getting it right and needed to do something different
- It seemed like an impossible task, but we did it anyway
- It was done on a 'shoe-string', with passion and drive
- Right place, right time ('reclaiming social work' in adults services, strength based approaches to practice, safeguarding adults became statutory)
- Inspired and driven by what people told us (and informed by evidence from service users and practitioners)
- Still have some way to go – to improve the focus on resolution and recovery
- Culture change takes time (and needs leadership)

Transitional Safeguarding

› Binary notions of childhood and adulthood can mean that young people / young adults can 'slip through the net' or face a 'cliff-edge'

› Many environmental and structural factors – including poverty and social isolation - that increase children's vulnerability persist into adulthood, resulting in unmet need

› Investing in preventative work to promote people's safety and wellbeing can play an important role in avoiding costs of later intervention

› Resilience, self-efficacy, social connectedness – all key to wellbeing – invites relational practice (and concordant policy)

› Does *not* propose all young adults experiencing risk should be protected via statutory means, nor does it propose a paternalistic approach to safeguarding young adults

› Innovation in this area may not depend on changes to legislation and/or statutory guidance
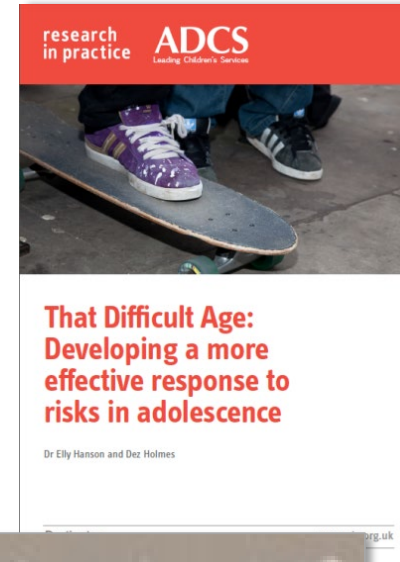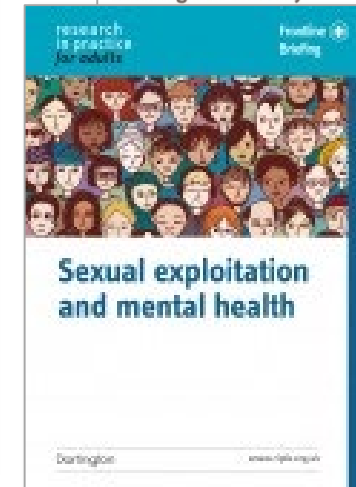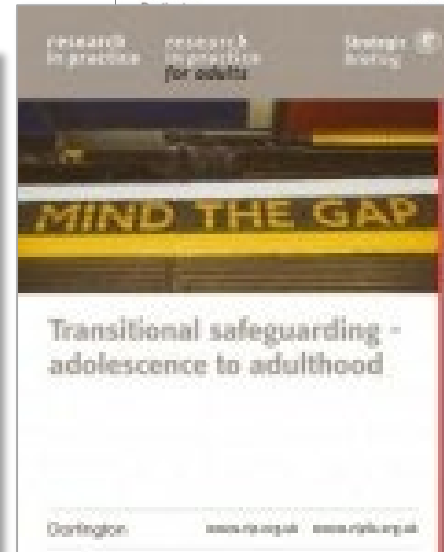
› **If not now, then when?**

Thank you

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Questions to reflect on

› What do we *really* know about our local population of older adolescents, and their lives as they become young adults? How are we planning for their needs?

› What leadership behaviours do we demonstrate to enable courageous, creative and coherent practice and services for these young people?

› What learning is there from SCRs, SARs and DHRs around how our approach to safeguarding across transitions could be improved?

› How are we ensuring that our strategic approach to this group is underpinned by data, research, practice wisdom *and* people's lived experience?