

# Transitional Safeguarding: adolescence to adulthood



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Time	
09:00	Registration
09:30	Welcome, introductions
09:45	Transitional Safeguarding: Overview of research
11:00	Questions and Reflections
11:15	Break
11:30	Planning for change: Questions to reflect on
12:30	What can we do?
13:00	Closing comments

# The case for change

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

# It's a system thing...

- › Have we defined our goals correctly to optimise the whole system?
- › Do we have joined-up systems analysis, paying attention to dynamics, or are we lost in static data?
- › Are we avoiding creating irreversible emphasis?
- › Are we paying enough attention to the potential side-effects of our actions?
- › Are we avoiding over-steering or over-reacting?
- › Are we avoiding authoritarian action?
- › How can we act with humility & future consciousness, applying foresight & transformative innovation in the face of the unpredictability & uncontrollability of complex dynamic systems?

# It's about relationships

*To develop normally, a child\* requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child.*

*Somebody's got to be crazy about the kid.  
That's number one.*

*First, last, and always.*

**\*person!**

(Bronfenbrenner, 1971)



**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**



- 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’.

# 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.

# 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).

# What are we seeing in adults' safeguarding?

- Safeguarding Adult Reviews regarding young adults
- 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

## Mind the gap...



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



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

# Spot the difference...

*The Mental Capacity Act 2005... confirms that it should be assumed that an adult (**aged 16 or over**) has full legal capacity to make decisions for themselves (the right to autonomy) unless it can be shown that they lack capacity to make a decision for themselves. (MCA Code of Practice, 2007)*

*CCE: Where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person **under the age of 18** into any sexual/criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited **even if the activity appears consensual**. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.'* (HM Government, 2018)

# Six key principles

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

(Department of Health, 2017)

# Divergence

(Holmes & Smale, 2018)

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

- Males under 17
- Females under 17
- Males 18 to 24
- Females 18 to 24
- Males 25 to 34
- Females 25 to 34
- Males 35 to 44
- Females 35 to 44
- Males 45 to 54
- Females 45 to 54
- Males 55 to 64
- Females 55 to 64
- Males 65+
- Females 65+

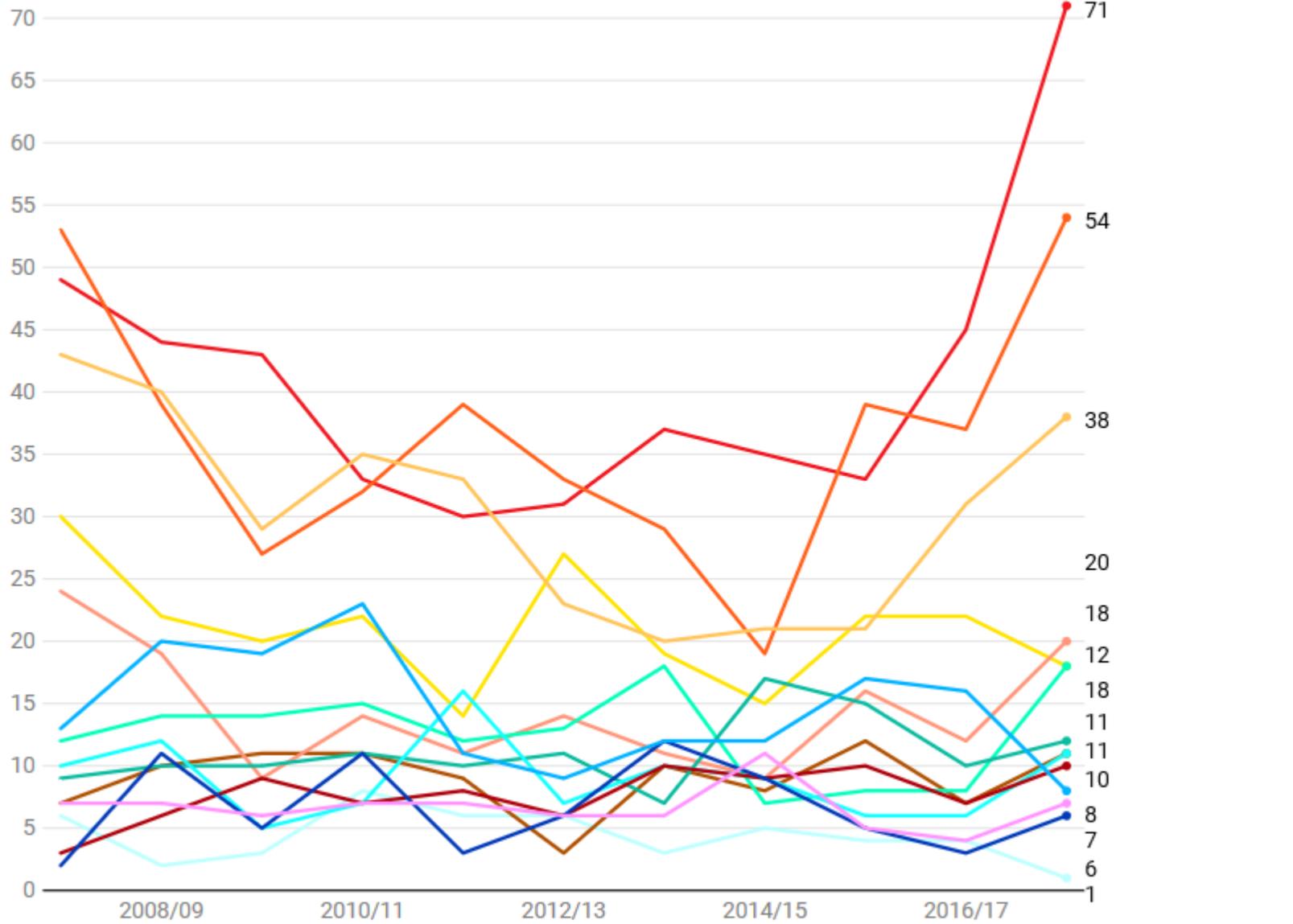


Chart: The Conversation UK • Source: Office for National Statistics • [Get the data](#)

# Vulnerability & YJ population

	YP in general population	YP in custody
<b>Learning disability</b>	2–4%	23–32%
<b>Comms impairment</b>	5–7%	60–90%
<b>ADHD</b>	1.7–9%	12%
<b>Autistic Spectrum Disorder</b>	0.6–1.2%	15%
<b>Any head injury</b>	24–42%	49–72%
<b>Head injury (LoC)</b>	5–24%	32–50%

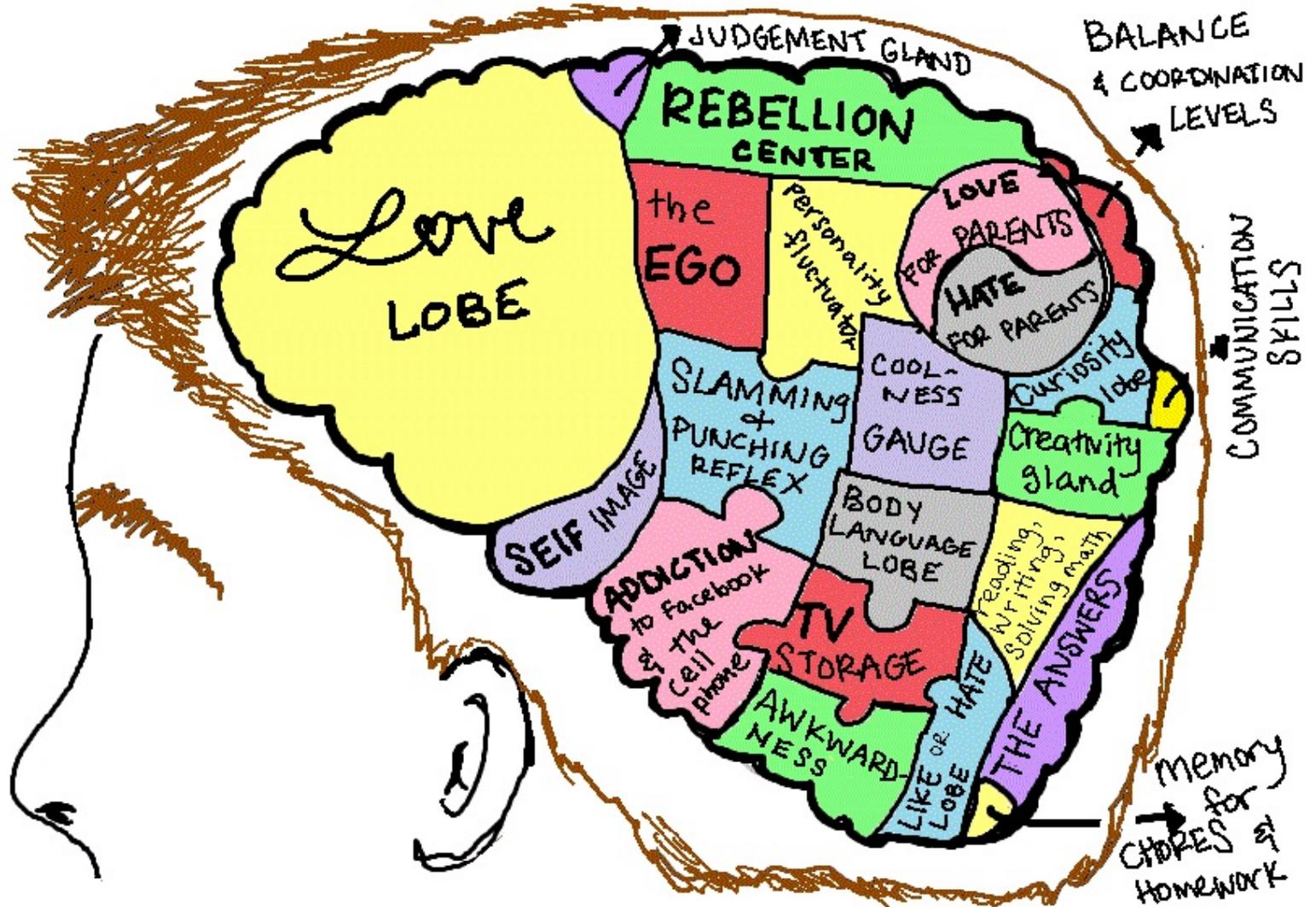
*Young adults involved in the CJS have often themselves been victims of crime. Many have a history of being exposed to violence, including in the home, abuse, neglect, bereavement relating to the deaths of parents, siblings and other close relatives, and criminal behaviour by parents and siblings. These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

# Adolescence and attachment (Shemmings, 2011)

- › Children with a history of abuse/neglect *may* experience 'disorganised attachment' - though **beware** pathologising (Duschinsky; Granqvist et al, 2017)
- › DA in infancy can lead to dissociative symptoms in adolescence and early adulthood. Likely to do things to make adults reject them.

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

(Moretti & Peled, 2004)



# 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' → Victims being denied appropriate support / permission to give up
- › Conversely, professionals can minimise people's choice and agency

# Rescue Vs Reform



*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)

*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 adult)

*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 could we do?

- › Deliberative learning from other services and parts of the wider system where transitional approaches are more embedded
- › 'drawing down' best practice from safeguarding adults into safeguarding adolescents: rights-based approaches, MSP, wellbeing focus
- › Considering how Contextual Safeguarding and 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

# 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)

## 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)

# Money matters

- › The current approach isn't great value...
- › 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)

## Things to watch out for...

- › Proliferation of risk indicator checklists and scored tools as seen in CSE
- › Over-individualisation
- › Victim-blaming, however subtle and unintentional
- › Preoccupation with thresholds at the expense of prevention
- › Pathologising and paternalism
- › Assuming that all safeguarding is led / delivered by statutory services

# 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 / 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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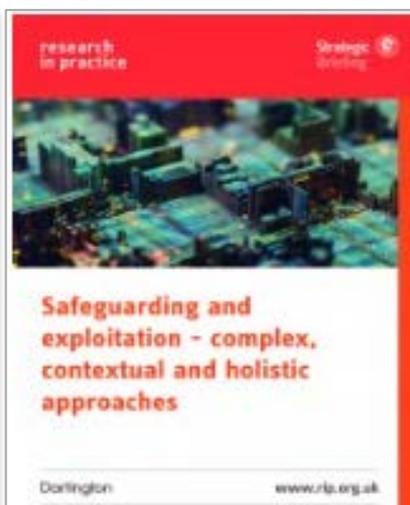
## Safeguarding in light of the Care Act



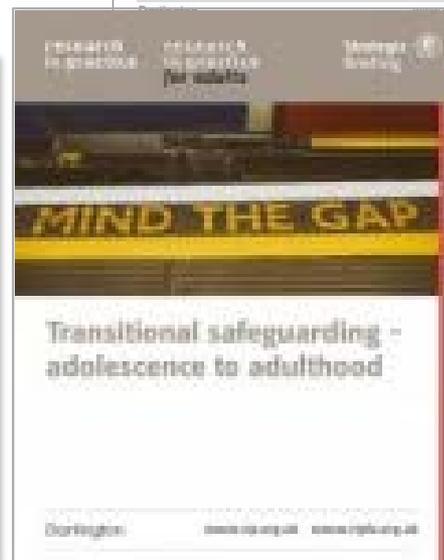
## Young person-centred approaches in child sexual exploitation (CSE) - promoting participation and building self-efficacy



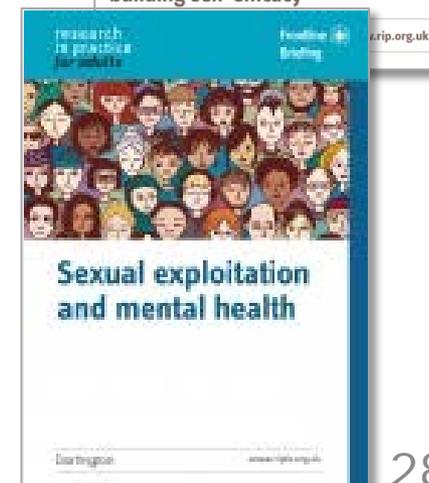
## Adult attachment: Implications for adult social care practice



## Safeguarding and exploitation - complex, contextual and holistic approaches



## Transitional safeguarding - adolescence to adulthood



## Sexual exploitation and mental health

# Questions?

# BREAK



# Planning for change: 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 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?

# What can we do?

- › One thing **you** want (and are able) to do personally, without any permission / funding / legislative changes...
- › One thing you are going to find out...
- › One thing **your agency/service** could do differently to advance this agenda...
- › What do the **wider partnership/s** need to do and think about?

# Thank you

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## Safeguarding in light of the Care Act

research  
in practice

Frontline Briefing



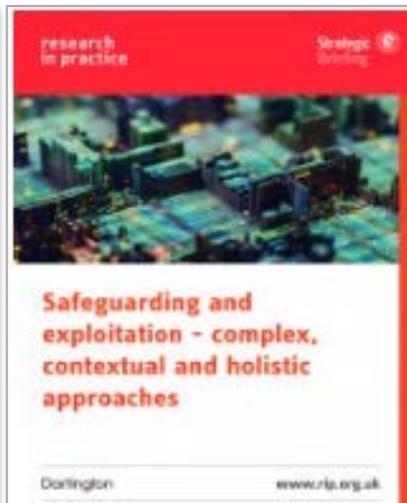
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Dorlington

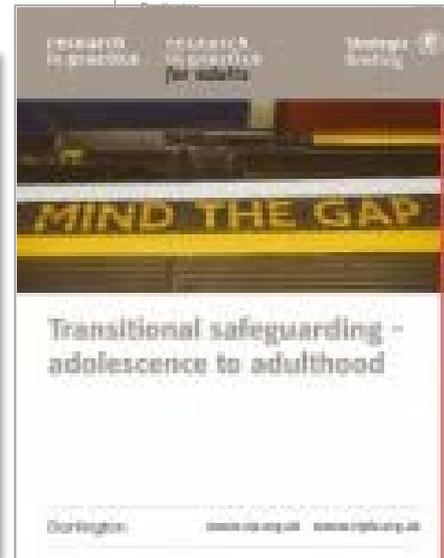
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## Safeguarding and exploitation - complex, contextual and holistic approaches

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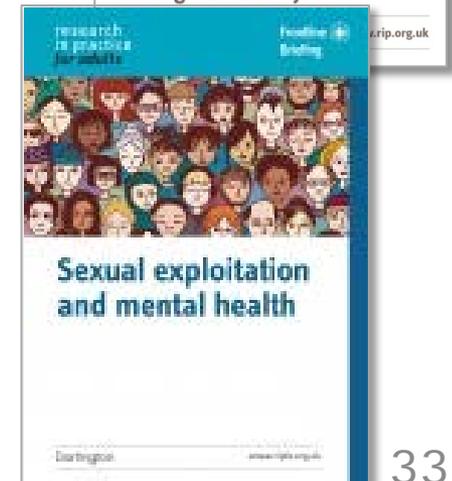
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## Transitional safeguarding - adolescence to adulthood

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## Sexual exploitation and mental health

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# Further reading

- › That Difficult Age  
<https://www.rip.org.uk/resources/publications/evidence-scopes/that-difficult-age-developing-a-more-effective-response-to-risks-in-adolescence-evidence-scope-2015/>
- › Complex / Contextual / Transitional Safeguarding:  
<https://www.rip.org.uk/news-and-views/latest-news/new-open-access-briefing-on-the-relationship-between/>
- › Transitional Safeguarding:  
<https://www.rip.org.uk/resources/publications/strategic-briefings/transitional-safeguarding--adolescence-to-adulthood-strategic-briefing-2018/>
- › CSE Evidence Scope:  
<https://www.rip.org.uk/resources/publications/evidence-scopes/working-effectively-to-address-child-sexual-exploitation-evidence-scope-2017-/>
- › Exploring neglect and sexual harm (3 reports):  
<https://www.rip.org.uk/resources/publications/evidence-scopes/child-neglect-and-its-relationship-to-sexual-harm-and-abuse-responding-effectively-to-childrens-needs-updated/>