The Hertfordshire Learning Hub

The Learning Hub is an important two-way feedback loop between front line practitioners and the Strategic Safeguarding Partnership/Board, ensuring learning on priority local issues is shared and acted on at all levels in a timely way.

The Learning Hub in January 2020 is on the theme of Transitional Safeguarding, and this newsletter provides key information and research. It is not intended to provide a comprehensive overview, but it aims to stimulate discussion about the issues, what is working well locally and what could be improved.

This Learning Hub is aimed at Children’s and Adult Services in Hertfordshire, to facilitate a productive conversation across traditional service boundaries.

1. Transitional Safeguarding

Dictionary definition of transitional:

**The process or a period of changing from one state or condition to another.**

Transitional safeguarding is a term used by Research in Practice (RiP) to recognise the developmental needs of older teenagers and young adults transitioning from adolescence into adulthood. It is not a model, or a prescribed approach – it describes the change that is needed in how we safeguard this group of young people so that they receive a fluid response that reflects their changing needs as they become adults.

Diverse approaches are taken in safeguarding practice across Adult and Children’s Services. These differences present challenges for those seeking to effectively safeguard adolescents into adulthood and young people can feel ill-equipped for the change in practice culture they experience as they become adults. Some young adults facing harm and risk can find themselves without support because they are not deemed to be eligible for statutory safeguarding services.
However, not all young people have this support and it is often needed by those most vulnerable.

Children legally become adults at 18 yrs. Eligibility for safeguarding support changes at this point – but that does not take away the risks and challenges the young person is facing.

RiP, together with the Contextual Safeguarding team at University of Bedfordshire and Rochdale Council, recently produced a briefing to explain how the concepts of Contextual Safeguarding, Transitional Safeguarding and Complex Safeguarding relate to each other: Safeguarding during adolescence – the relationship between Contextual Safeguarding, Complex Safeguarding and Transitional Safeguarding\(^1\) states:

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

- Adolescents may experience a range of distinct risks and harms, and so may require a distinctive safeguarding response (as highlighted in both Complex Safeguarding and Contextual Safeguarding).
- Harm, and its effects, do not stop at the age of 18. Support, however, does stop at 18 for many people.
- The transition to adulthood can be a time of heightened vulnerability for some young people, irrespective of whether they are formally recognised as having ‘care and support needs’.
- Many of the environmental and structural factors that increase a child’s vulnerability persist into adulthood, resulting in unmet needs and costly later interventions.
- The children’s and adult safeguarding systems are conceptually and procedurally different, and governed by different statutory frameworks, which can make the transition to adulthood harder for young people facing ongoing risk and arguably harder for the professionals who are trying to navigate an effective approach to helping them.
- Young people entering adulthood can experience a ‘cliff-edge’ in terms of support, exacerbated by the notable differences between thresholds / eligibility criteria of children’s and adults’ safeguarding.

RiP have held national workshops on transitional safeguarding and the response was very positive, participants recognised this as a particularly complex area of practice and were eager to discuss their concerns and challenges, and also share their successes.

In their recent blog (see below), Dr Christine Cocker and Dr Adi Cooper, the facilitators of these workshops, reflected on the learning from these workshops. They highlight the challenges faced by all services, which include:

- How to work together in an environment of scarce resources.
- How to learn from each other despite the legislative differences that govern practice.

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- How to learn from each other and explore the dominant discourses regarding risk and rights-based narratives in safeguarding work.
- How to work effectively with adolescents and young people when undertaking safeguarding work, recognising that adolescence brings many issues that don’t disappear at age 18.

Cocker and Cooper argue that the six safeguarding principles of the Care Act 2014 could potentially apply to safeguarding work with adolescents and are cognisant with the safeguarding principles of the Children Act 1989. Adopting these approaches to working with young people could help bridge the transitional safeguarding ‘gap’ between Children’s and Adult Services. (Cocker & Cooper, 2019)

2. What could transitional safeguarding look like?

Case study

Kelly

Kelly identifies as Black British. Kelly became pregnant just before her 16th birthday. At that time she was receiving support from children’s services due to concerns about her ‘risky behaviours’. Kelly had suffered a significant bereavement (her brother) soon after starting secondary school and a serious sexual assault a few months later. She was seeing a counsellor briefly to try to address her feelings of anxiety, but stopped attending these sessions in Year 10, saying she preferred to ‘talk to her mates’. Professionals were concerned these friends were a negative influence.

Kelly was known to be using drugs and was reported missing several times during her teens. She was believed to be at risk of sexual exploitation, and her father believed the father of Kelly’s child was an older man who had groomed her. Kelly would not comment on this during any assessment with professionals. Kelly’s first baby was removed and adopted, after it was determined there was no one within Kelly’s immediate or wider family who could care for the child. Kelly blamed her parents for this; she felt they had “Told social workers stuff that made them think I was a bad mum.” Relationships within her family became very strained and she left home aged 17 soon after her first baby was adopted.

Kelly is now 19 and pregnant with her second child. She is not in contact with her parents or any other family members. Whilst initially excited about her second pregnancy, when she found out that children’s services would again be involved Kelly became very upset and her self-care deteriorated. Her engagement with ante-natal care reduced and her drug use increased as she struggled with her fear of losing a second baby to adoption. She

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2 Case study from Research in Practice website, available:
continues to grapple with social anxiety and says that smoking cannabis is the only thing that helps her to manage it.

Kelly denies she uses other drugs, but her landlord disagrees. He has reported her to the police for having drug dealers at the property and her tenancy is now at risk. She agreed to meet with local drug and alcohol services but did not attend the first appointment. She was referred for counselling via her GP, but there is a long waiting list. It was calculated that at one point there were twenty agencies involved with her. Her case file states her engagement with some services has been sporadic and that she often ‘does not engage at all’, which further increases Children’s Services professionals’ concerns about her ability to provide a safe environment for her baby.

Questions for reflection

> What support could potentially have helped Kelly earlier in her life - from professional services and from her personal networks?

> What might a trauma-informed response to Kelly’s situation look like? What’s available in your local area to support this kind of approach?

> How could colleagues from Adults Services be involved to support Kelly?

> How might the approach of professionals in Kelly’s life now serve to escalate or de-escalate the risk of her baby being removed from her care?

> What exists locally for young parents who have experienced adversity in their childhood? How effective are these initiatives/services and what would strengthen them?

> How can the concerns of professionals be communicated to Kelly in a way that is fair, humane and recognises her previous experiences?

> How will Kelly know that she matters as well as her child?

3. HPFT Case Study

Transition arrangements - Children to Adult Mental Health

The Adult Community Mental Health Service (ACMHS) and the Child and Adolescent Mental Health Service (CAMHS) in Hertfordshire have worked hard to form a good relationship in order that the process of referring young people to ACMHS is a positive one. As one of the transition coordinators from the ACMHS, I was able to meet with the CAMHS clinician, the young person and their family for a transition meeting to discuss the young person’s needs, views and hopes for the future prior to them turning 18yrs. The meeting also ensured that we discussed what services looked like in ACMHS so that expectations can be explored with the young person and their family in parallel with CAMHS support.
In this example, the CAMHS clinician and adult practitioner arranged another meeting with the young person and their family and used this time to discuss a care plan moving forward under the ACMHS, ensuring the young person felt involved and was able to contribute. This transition process enabled continuity of care through joint working and contributed to enhancing the young person’s outcomes for the future.

4. References/resources

Research in Practice
Dez Holmes (2018 blog)

Research in Practice
Dr Christine Cocker and Dr Adi Cooper OBE (2019 blog)

Research in Practice
Dez Holmes and Emma Smale (2018 publication)

What next?

Your feedback from these Learning Hubs will be fed back to the Strategic Safeguarding Partnership/Board in order for them to look at what resources are already available, what resources are needed and how can the issue of transitional safeguarding be addressed in Hertfordshire.