research in practice

research in practice *for adults*

Transitional safeguarding - adolescence to adulthood

Appendix 1

Case studies

This resource provides case studies and accompanying reflective questions and is designed to support local areas to apply their thinking in relation to transitional safeguarding. It should be used in conjunction with the Strategic Briefing, which set out the case for a tranistional approach to safeguarding and highlighted relevant evidence.

It can be used in teams with practitioners and supervisors considering the case studies collectively, or by managers to consider what a more transitional approach to safeguarding might look like in practice within their local area.

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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 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 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?*

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Jonathan

Jonathan identifies as White British. At 15 Jonathan was part of a sibling group of five, all subject to care proceedings as a result of domestic abuse, parental drug use and persistent neglect. His twin sister was clear she wanted to be in care and their younger siblings were sad not to be in their own family but enjoyed the life they had with their foster carers. Jonathan, however, was adamant that he didn't want to be in care and was very angry with professionals for placing him in foster care. He had already experienced two placement breakdowns by the time the matter reached court. A care order was made for all five children.

Jonathan had a long history of poor school attendance. He had some identified learning needs that had been managed in mainstream school but had not led to a formal Statement or EHCP. His school attendance deteriorated further after going into care and he became involved in anti-social behaviour and offending (criminal damage). The only professional he engaged with was a youth offending services worker to whom he consistently stated he wanted to be at home.

Eighteen months later Jonathan is 17 and is not engaged in education or training. He has been placed in a residential setting outside his local area, after a number of violent outbursts while in foster care. He has no meaningful relationship with any professionals. He has not heard from his parents for over four months. Jonathan is reported missing most weeks and has come to police attention in the local area due to his associations with known criminal groups. Twice he has returned to the home with stolen mobile phones and asked other young people in the home to sell them in the neighbourhood. He was recently found to be carrying a knife, which he says is to protect himself.

Staff at the residential setting have said they cannot continue to care for Jonathan as he continues to place himself and others at risk. They are requesting that a plan be put in place to allow Jonathan to move into supported accommodation as soon as possible. Jonathan says he is not interested in meeting his leaving care worker, he just wants professionals to leave him alone and "Can't wait to get out" as soon as he turns 18 in a few months.

Questions for reflection

- *What opportunities were missed for Jonathan earlier in his life? Were there any junctures at which a different professional response might have changed his situation now?*
- *How could Jonathan have been better supported in relation to the significant life changes he has experienced?*
- *What constraints, vulnerabilities and needs does Jonathan now have? How might these manifest as he enters adulthood?*
- *What support is available locally to young adults becoming involved in criminal behaviour? How effectively does this support respond to the person's underlying needs? How could this be strengthened?*
- *How could local structures best support practitioners and managers to creatively manage the risks faced and presented by young people and young adults in Jonathan's position?*
- *What is Jonathan gaining from his behaviour and 'choices'? Is there a different way to meet these needs?*

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Mikey

Mikey is 21, he identifies as mixed race. As a teenager he was briefly involved with children's social care, following an allegation when Mikey was 14 that he had displayed inappropriate sexual behaviour with a slightly younger child who lived nearby. Mikey denied the incident ever happened, the other child dropped the accusations and no further action was taken. Around the same time Mikey began to self-harm and was referred to CAMHS. Mikey received support from CAMHS until he was 18, with his difficulties sometimes escalating to the point that he was deemed to be at risk of committing suicide. He was supported by a number of specialist services to help him address his emotional and mental health needs.

Mikey seemed to thrive with this support and became actively involved in youth participation groups and other similar activities. Mikey enjoyed being around professionals in this capacity, preferring to describe himself as a volunteer rather than someone using mental health services. Mikey's mother is described throughout his case notes as being 'supportive and caring'. His mother has described Mikey as 'a lovely boy but volatile' and said she was sometimes scared of him.

Mikey was extremely distressed to hear that he cannot continue in his youth participation work and repeatedly declined the suggestion that he be referred to adult mental health services. He expressed these very strong feelings of disappointment by taking a knife into the local CAMHS office and threatening the staff. The police were called and Mikey was detained overnight in custody. No charges were brought.

Six months ago Mikey's mother was diagnosed with a terminal illness and Mikey is distraught. He has started staying out all night and brings home large quantities of litter and newspapers which he insists on keeping in the house. The tenancy is in his mother's name; Mikey refuses to meet with housing services.

Questions for reflection

- *What would help a young person like Mikey make sense of his transition into adulthood?*
- *What would help Mikey and his mother as they try to plan a future for Mikey?*
- *What are Mikey's needs right now, physically/practically and emotionally – and how might these change over the next five years?*
- *What needs were being met for Mikey previously? What exists locally so that he can feel he is important and contributing?*
- *What is in place locally (in the community as well as professional services) to avoid Mikey's needs and potential risks escalating?*
- *How can Mikey feel in control of his life?*

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Karen

Karen is the youngest of three siblings. Karen is 20, she has been known to children's social care as a child due to concerns she was a victim of CSE. She became pregnant and could not say who the father was. Due to concerns raised by midwives, a pre-birth assessment was undertaken by children's social care. Karen miscarried at four months. During this time further concerns were raised by the police due to intelligence that she was at risk of sexual exploitation.

A multi-agency safeguarding adults information-sharing meeting was held. It became clear there were significant concerns that Karen was a victim of serious crime. A plan was put in place to locate Karen and engage with her to ascertain what support she felt she needed. The social worker allocated to Karen soon raised concerns regarding her cognitive ability. She arranged, with Karen's consent, for an assessment to take place by a psychologist who establishes that Karen has a learning disability.

A key next step was determining Karen's mental capacity in a number of key areas. These assessments found that Karen, due to her learning disability, was not able to make decisions in relation to being safe. It was the view of all agencies that, as concerns regarding her safety were not diminishing, an application should be made to the court of protection to allow the LA to action their plan to safeguard Karen. This application to the court was granted. Throughout this process Karen was represented by an Independent Mental Capacity Advocate (IMCA) who represented her views, liaised with key professionals and, crucially, was able, with Karen's legal team, to challenge the LA where necessary.

Karen is now living a life free from abuse and exploitation. She is working towards independent living.

Questions for reflection

- *What were the key decisions by professionals that led to Karen being safe from harm now?*
- *Where do you think there might have been different opinions between professionals? How would these different perspectives play out in your local area?*
- *What exists locally to support a young adult like Karen? What would happen to Karen if she lived in your local area?*
- *What structures and leadership behaviours need to be in place for practitioners to operate creatively and tenaciously when a young adult is at risk?*
- *How could your local community play a role in identifying and addressing harm to young adults? What is in place to support communities and how could it be strengthened?*

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Jason

Jason was 17 ½ years old when he was arrested in Devon with £10,000 worth of Class A drugs. He had been living in Devon for nearly six months and no-one had reported him missing. Prior to Jason's arrest he had been living with his father in Manchester. His father was an alcoholic and regularly left Jason locked out of home over night. Jason's mother had insisted he leave her home when he was 16 years old so he could not turn to her for help.

Jason's father had a next-door neighbour who offered Jason somewhere to sleep, food, clothes and cannabis. When he asked Jason to start earning his keep by selling drugs for him Jason felt as though he could not say no as he felt this man was the only person who cared for him. It started with Jason selling cannabis for this man on the local estate; then one day Jason was told he had to go to Devon to sell drugs there. Jason says he did not know until he got there he would be selling Class A drugs.

Upon arrest the police notified the local youth offending team who notified the youth offending team in Manchester as Jason officially resided in that area. Fortunately the YOS worker who picked up the referral had received training on criminal exploitation and immediately identified the signs. The YOS worker referred the case to the Independent Child Trafficking Advocate (ICTA) service. The ICTA worker spent time developing a trusted relationship with Jason which enabled Jason to disclose what had happened to him.

A multi-agency strategy meeting was called with ICTA, Modern Slavery team, Challenger (organised crime team), YOS and Children's Services. As Jason was about to turn 18 years old, professionals were concerned that Jason would be charged with a criminal offence instead of receiving the ongoing support to address the trauma from his exploitation and the neglect from his parents. Collectively, they developed a case to challenge the charging decision for Jason's case using the modern slavery defence. This was presented to the police, CPS and courts and it was accepted.

Jason could not return to the Manchester area due to the potential threat from the person who had exploited him. Through the ICTA service, Jason was referred into the Salvation Army for support as an adult victim of trafficking and slavery. This allowed Jason access to services including accommodation, health care, benefits assistance and longer-term outreach services.

Rather than pass the case over, it was agreed the ICTA worker would continue to support Jason throughout his transition into adult trafficking services to ensure some consistency and continued support by a trusted person. This enabled Jason the opportunity to move out of the area, where he was supported to access supported accommodation and enrol in college.

Questions for reflection

> *Consider what the service offer would have been if Jason was exploited again. What would be the cost be to have another crisis response rather than a proactive preventative response?*

> *Without the trafficking services what help would Jason have been able to access?*

> *How could we we move away from a focus on formal thresholds for adults to a vulnerability-aware and needs-led response?*

> *What is available locally to provide an early help offer for young adults?*

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