

Safeguarding Adolescents Strategy

Introduction

Adolescence is a transitional period of physical and psychological development between childhood and adulthood, the cultural purpose of which involves preparation to assume adult roles. The multi-agency partners across Hampshire and Isle of Wight are committed to safeguarding children and young people from psychological and physical harm and this remains a core priority for the Hampshire and the Isle of Wight Safeguarding Children Partnerships (HIOW SCP). The scope of this Strategy is to support the improvement of outcomes for children transitioning through adolescence.

This Safeguarding Adolescents Strategy supports the strategic and operational oversight of children and young people at risk, through transparent information sharing, better interface, and collaboration between statutory, voluntary, and community partners. This also includes awareness raising through learning events, and greater opportunities to hear and include the voice of children and young people and engage them in the shaping and design of services.

This Strategy recognises the complexities of children and young people's lives and that, for some children and young people, their vulnerabilities can lead to a risk of abuse and exploitation. The aim of this Strategy is to equip the children's workforce across Hampshire and the Isle of Wight with the skills to identify and provide an early effective response and intervention to safeguard adolescents at risk of harm.

This Strategy is applicable to all professionals who work with children and young people and their families across Hampshire and the Isle of Wight. It is underpinned by a strengths-based, family focused approach to partnership work, listening to the voices of adolescents and their families and understanding their lived experiences.

This Strategy builds on existing good practice, as well as identifying and addressing gaps in service delivery and provision. Information and practical tools will promote effective ways of working with vulnerable children and young people to achieve positive change.

This Strategy should not be considered in isolation but is intended to be supported by the full range of practitioner focussed tools available from the [Hampshire Safeguarding Children Partnership \(HSCP\)](#) and [Isle of Wight Safeguarding Children Partnership \(IOWSCP\) websites](#), as well as supporting local policies for multi-agency practice located on the [Hampshire, Isle of Wight, Portsmouth and Southampton \(HIPS\) Procedures](#) website.

Appropriate Language

It is important that appropriate non-judgemental language is used to ensure that an adolescent is always referred to in a way which does not place blame for crimes that have happened to them. The language must be truthful and factual. A certain amount of opinion and hypothesis might be required when analysing risk and making informed decisions in respect of a safeguarding response.

When victim-blaming language is used, there is a risk of normalising and minimising an adolescent's experience. Language should reflect the presence of coercion and the lack of control in abusive or exploitative situations and must recognise the severity of the impact that the abuse has on the child or young person.

Victim-blaming language may reinforce messages from perpetrators around shame and guilt. This in turn may prevent the child or young person from disclosing their abuse, through fear of being blamed by professionals. Language that implies that the child or young person is complicit in any way, or responsible for the crimes that have happened, or may happen, to them must never be used.

Practitioners need to ensure that an adolescent is seen as a child first and be mindful of the language they use and be aware that their documents may end up being read by the child or young person, their family or used in court proceedings.

Equality and Diversity

Age, disability, gender reassignment, race, religion or belief, sex and sexual orientation have been considered within this Strategy. Practitioners, adolescents, and their families have been included in the development of this Strategy and practice tools to ensure the strategy is inclusive.

Purpose and Aims

The Safeguarding Adolescents Strategy will support an approach to adolescent safeguarding that is purposeful and informed by local intelligence as well as the outcomes and the experiences of our children and young people living in or outside of Hampshire and the Isle of Wight.

This Strategy provides an understanding and response to adolescent's experiences of significant harm beyond their families. It recognises that the different relationships that adolescents form in their community, schools and online can feature violence and abuse.

This Strategy summarises a collective partnership understanding of concern that will support focused and robust intervention to the different safeguarding contexts that exist in adolescent's lives; at home, in their friendship circles, in health, education and the public spaces that they occupy both offline and online.

Strategy and Objectives

The strategic aim of the HSCP and IOWSCP Safeguarding Adolescents Strategy is to ensure the safety and wellbeing of adolescents in Hampshire and the Isle of Wight. In order to fulfil this aim, all agencies involved in the care and support of adolescents must work in partnership to respond effectively, collectively and robustly to all children and young people considered to be at risk of harm.

The HSCP and IOWSCP Safeguarding Adolescents Strategy promotes the delivery of the following aims and objectives:

- Informed and focused leadership working to safeguard vulnerable adolescents across the range of agencies that make up the HSCP and IOWSCP.
- Effective communication and information sharing across the HSCP and IOWSCP and including adolescents and their families.
- Multi-agency and community-led intelligence and data that is effectively shared and analysed.
- The use of the Family Approach to engage the adolescents whole system of support at the earliest opportunity.
- The development of individual and collective expertise through joint learning exercises through a strong, robust, and mature partnership.
- Professional understanding of the need to persevere with the adolescent when engagement is complex or challenging.
- Maximising on the critical, reachable/teachable moments for engagement in adolescent's lives.
- Evidenced based and creative prevention and early help that support safeguarding adolescents.
- Listening to and responding to the wishes and views of adolescents in the development of creative interventions.
- Evidenced based interventions including psychologically informed and trauma informed practice approaches.
- The engagement of a broad spectrum of adolescents including those from disadvantaged backgrounds who suffer inequalities and social injustice.
- The development of a collective and contextual understanding of social inequalities that increase an adolescent's vulnerability to harm.

- Safeguarding vulnerable adolescents with additional needs and disabilities and those who are neurodiverse.
- Cultural competence in the development of policy, practice and engagement with adolescents and families from ethnic minorities.
- Recognition, understanding and response to structural and institutional racism and the impact on outcomes for adolescents.
- Opportunities for adolescents to develop ‘trusted relationships’ with adults who listen and respond to their needs and divert them from harm.
- Vulnerable adolescents who remain safe in their own communities, living with adults who know them well and protect their interests.
- Adolescents understanding of risk, their engagement in healthy relationships and knowledge of how and where to seek help when they need it.
- The development of resilience for adolescents and their families.
- The understanding that adolescents and their families will have solutions to the challenges they face.
- Adolescents are seen as experts in their own lives and enabled to speak for themselves and tell their own stories about their experiences.
- Effective engagement of parents and carers in their understanding of risk including signs of exploitation, access to support and inclusion in plans to keep their children safe.

Introduction to Adolescent Development and Attachment

The adolescent and young adult years (between the ages of 10 and 25) are a particularly fast time of change. The three or four years of pubertal development include:

- a growth spurt,
- maturing of the reproductive organs,
- development of secondary sex characteristics,
- menstruation in girls.

When this begins and ends for individuals can vary widely. Generally, evidence suggests a peak age of puberty in the UK of around 12-13 for girls, and 13-14 for boys (Patton and Viner, 2007). Muscle strength continues to develop in young men into their 20s (Haff and Triplett, 2016).

Adolescent Brain Development

The language used to describe adolescent behaviour often has negative connotations: they take risks, are awkward, impulsive, and self-centred. This language blames adolescents for a natural stage of child development.

Whilst the body is physically going through visible change, the adolescent brain goes through significant change too, and this continues into early adulthood. It is important that these changes are understood so that adolescents can be supported, feel heard and be open to discussing feelings. This stage of development does carry risk, but it also opens many opportunities to help shape the success of an adolescent's future.

Understanding of these brain changes has increased through scientific research. It is now understood that the brain matures from back to front. In the early years of life there is rapid development (3-5 years) and by age nine the structure and building blocks are in place. But the last part to mature is the prefrontal lobe. This happens during adolescence through to around age 25.

The prefrontal cortex is responsible for decision making, planning, impulse control, mood regulation, planning ahead, understanding consequences and abstract thinking. The prefrontal lobe exists but it is not mature so an adolescent can rationalise appropriate behaviour when they are calm but when in the moment, the impulsive part of the brain, which is more developed, will take over. This can result in negative consequences relating to social relationships, risk of substance misuse and sometimes even suicide. But at the same time, the adolescent brain is very agile and has the ability to learn quickly and adapt to new skills that will set an adolescent up for a much more resilient adulthood.

Resources: Adolescent Brain Development

[Sarah-Jayne Blakemore: The mysterious workings of the adolescent brain | TED Talk](#)
[Brain Development in Teenagers - YouTube](#)
[Your amazing brain - MindMate](#)

EVER WONDER
why
YOUR TEENAGER
IS BEHAVING
SO
bizarrely?

"The teen brain is only about 80 percent of the way to maturity" says Dr. Frances Jensen.

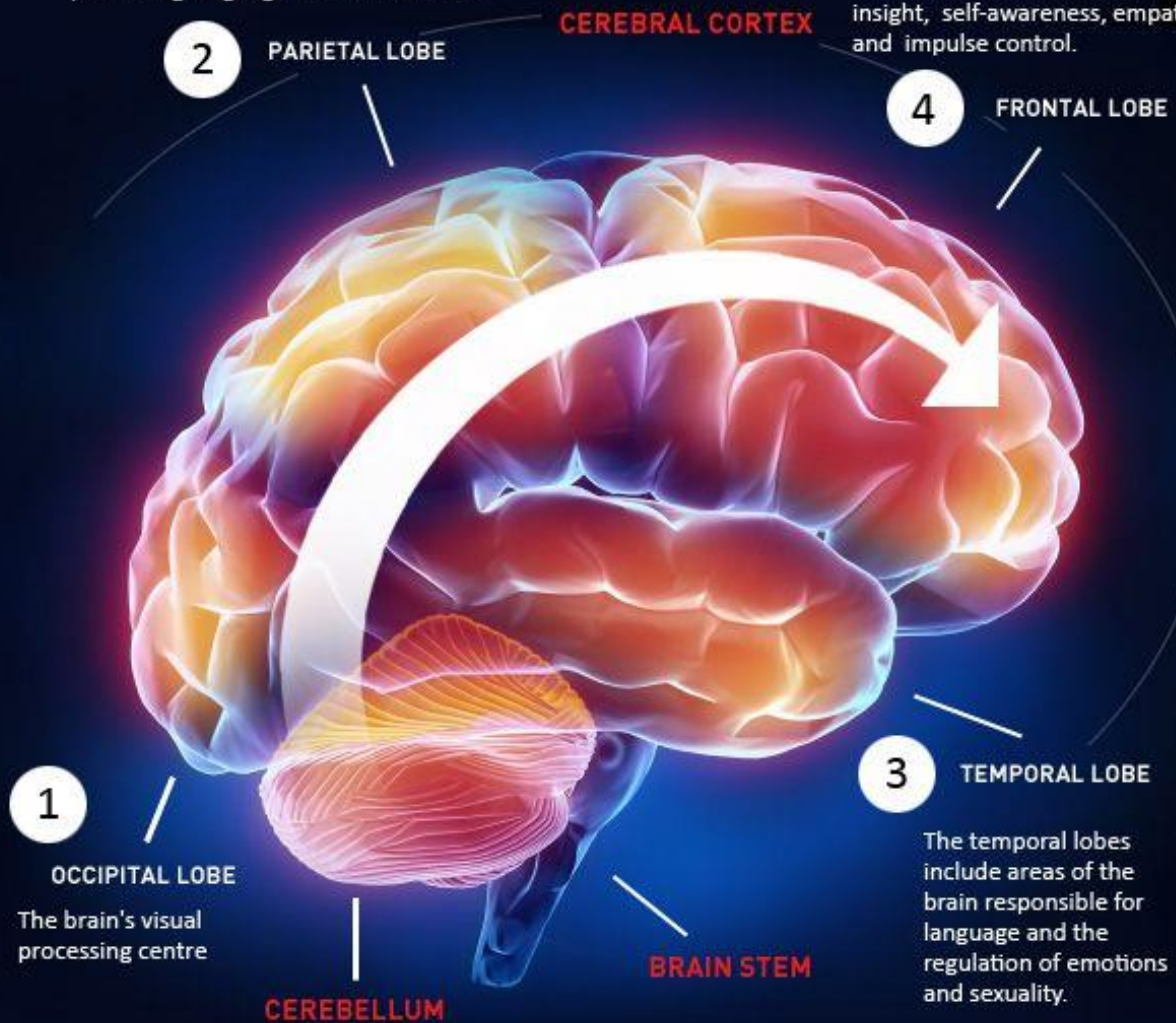
The human brain is divided into four lobes: frontal (top front), parietal (top back), temporal (sides) and occipital (back)

And the brain matures from the back to the front.

The first areas of the brain to mature and be fully wired are responsible for more basic functions.

The parietal lobe processes sensory information regarding the location of parts of the body as well as interpreting visual information and processing language and mathematics.

The last area of the brain to be "wired" is the prefrontal cortex or the frontal lobes. This area is responsible for so-called "executive" function, judgement, insight, self-awareness, empathy and impulse control.



The cerebellum regulates motor movements and is responsible for balance, posture and coordination.



Source: Frances E. Jensen "The Teenage Brain"

Attachment in adolescence

During adolescence, the attachment between the parent/carer and child begins to be redefined as developmental changes take place. Adolescents who have experienced changes in carers in their childhood may have insecure attachments which may mean they are more vulnerable to poorer mental wellbeing and outside influences in order to find the place they belong.

However, all adolescents can be supported through adults providing a secure base:

- **Being available** - Helping teenagers to trust.
- **Being sensitive** - Helping teenagers to understand and manage feelings.
- **Building self-esteem** - Creating opportunities for success.
- **Co-operation** - Helping teenagers to feel effective.

Source: Rotherham Doncaster and South Humber NHS Foundation Trust

Resources: Attachment in adolescence

[Teens and Attachment, Providing a Secure Base for your Young Person - rdash.nhs.uk](https://rdash.nhs.uk/teens-and-attachment-providing-a-secure-base-for-your-young-person)

Training and Workforce Development

The Hampshire Safeguarding Children Partnership (HSCP) offers multi-agency professionals' access to a range of learning and development training, many of which are relevant to safeguarding adolescents.

To support the implementation of the Safeguarding Adolescent Strategy and Toolkit, HSCP and IOWSCP have developed a training course, "An Introduction to Safeguarding Adolescents", for professionals across the multi-agency partnerships. The course is specifically aligned with the Strategy and Toolkit and will support professionals to effectively understand and respond to adolescent safeguarding.

For further information visit the [Workforce Development](#) section of the Toolkit.

Toolkit Resources

The Safeguarding Adolescents Toolkit includes specific guides on Safeguarding Themes and Agency Processes for professionals working with adolescents and their families. The guides introduce a specific theme or process, the impact it might have on adolescents at risk, together with further signposting and useful resources.

Strategy Guides

Strategy Guides have been developed for professionals to learn more about specific safeguarding themes that may affect adolescents at risk. These include:

1. Adolescent neglect
2. Adolescents with increased vulnerabilities (special educational needs and disabilities)
3. Bereavement
4. Body image and eating disorders
5. Children in care (not including UASC)
6. Contextual/extra familial safeguarding
7. Cultural competence
8. Cultural identity
9. Domestic abuse: Adolescent to parent violence
10. Drugs and alcohol
11. Exploitation
12. Harmful sexual behaviour
13. Healthy relationships, sexual health and teenage pregnancy
14. Mental health, well-being and self-harm
15. Online activity
16. Parent in the criminal justice system
17. Radicalisation and extremism
18. Resilience and self-efficacy
19. Sexual identity
20. Transitions (including those to adulthood)
21. Trauma informed/adverse childhood experiences (ACEs)
22. Unaccompanied Asylum Seeking Children (UASC)
23. Young carers

These guides can be accessed via the [Safeguarding Themes](#) section of the online Toolkit.

Agency processes

Agency Processes have been written for professionals to learn more about specific circumstances in which agencies may work with adolescents. These guides also provide further signposting and resources, and include:

1. Child first
2. Early help/intervention
3. Enforcement
4. Engagement and relationships
5. Multi-agency planning and information sharing
6. Participation and co-production (including the voice/lived experience of the child)
7. Strengths based/restorative justice focused practice

These guides can be accessed via the [Agency Processes](#) section of the online Toolkit.

Evaluation

Multi-agency audits are undertaken as part of the Local Safeguarding Children Partnership's scrutiny function. Throughout the year questions related to the strategy will be included where relevant to evaluate and monitor its use and effectiveness across the partnership. Once fully embedded in practice a multi-agency evaluation will be undertaken to measure the impact and outcomes of its use. This will be used to inform updates and required amendments to ensure that the strategy supports practice and remains effective.

References

- Haff, G and Triplett, T (2016) *Essentials of Strength and Conditioning, Human Kinetics*. doi: 10.1016/S0031-9406(05)66120-2.
- Jensen, F.E. (2015) *The Teenage Brain: A Neuroscientist's Survival Guide to Raising Adolescents and Young Adults*. HarperCollins Publishers.
- Patton, GC and Viner, R (2007) *Pubertal transitions in health*, *Lancet*. doi: 10.1016/S0140-6736(07)60366-3.
- Rotherham Doncaster and South Humber NHS Foundation Trust, Rotherham Children and Young People's CAMHS Mental Health Services, [Teens and Attachment, Providing a Secure Base for your Young Person](#). Accessed 16 November 2021.