



SAFEGUARDING ADOLESCENTS STRATEGY GUIDE

Theme: Transitions

Introduction

The process of moving from childhood to adulthood can be a challenging time for some young people. Alongside the many physical and emotional changes that are part of adolescence, growing up also involves changes in roles, relationships, expectations, and status within family, amongst friends and within the wider community of home, school, and work. Change can be particularly difficult for children and perhaps one of the biggest challenges of adolescent transitions is that they take place against a backdrop of multiple shifts and transformation.

Whilst turning 18 means that a child legally becomes an adult overnight, the transition to adulthood is a process not an event – and this process differs from one person to another. Some young people over 18 years old might require additional support to be safe and well during this phase of their lives, even though they might not have formally defined care and support needs.

During adolescence, the nature of the risks faced by children, and the way that they experience these risks, can differ from earlier childhood – as do their needs. Specifically, children may be faced with a new set of complex risks – ones not posed by families, but instead by peers, partners, and adults unconnected to their families in communities and online.

While some transitions can be planned and prepared for, such as leaving school and moving onto work or higher education, other changes, for example, the death of a friend or family member, or separation of or from parents, are less predictable. Other transitions, particularly those that relate to social situations, can be less obvious or predictable. Ending a relationship can be another significant transition for adolescents.

During adolescence, peer and social relationships become more central to children's lives and their identity. Even more so than adults, adolescents tend to judge themselves on how others might view them.

It is important to recognise that transition is a process, not a series of discrete events and transition to adulthood may be achieved in many different ways and time frames. Transition to adulthood may take significantly longer for some young people and for some, 'markers' of adult status may continue to be achieved throughout life, not just between the ages of 14 to 25.





There will be different issues to consider for children from different cultural backgrounds, children with high individual support needs and children living away from home. Transition to adulthood means different things to different people.

Children who have had adverse childhood experiences, mental health problems and those in, or leaving, care will most likely require additional support at key transitions to improve their outcomes. Children should be supported to build upon their existing strengths and bolster their social, personal, and community-based resources and support networks.

What is the impact on safeguarding adolescents?

Principles of working with children in transition

Local systems and approaches recognise and reflect that moves/ transitions for some children can be frequent e.g., Children in Care, children in the Youth Justice System.

Local systems are in place that demonstrate flexibility and capacity for continuity in assessment, planning and the delivery of interventions for children in the process of significant transition/ change.

Planning and leadership at all levels, together with strong governance and clear responsibilities are required to minimise, as far as reasonable and practicable, any potential for negative impact that any transition may have for a child.





Transition as significant change

Any transition that a child may experience will constitute a significant change in their life and as such may impact on both risk and protective factors which will require assessment and planning. Professionals working with a child in the process of transition must consider, analyse and assess the transition in relation to how this impacts the child's safety and wellbeing.

It is the responsibility of the professionals working with the child to reflect upon the transition and, in partnership with the child, parents/carers and other relevant professionals, review, assess and plan to respond to the changes in relevant risk factors. This must include planning to mitigate against potential new or developing risks and build upon any strengths and positives that the transition may provide that may act as protective factors.

When a child experiences a transition that has a significant impact on them, the case manager should ensure:

There is an assessment and plan in place and this is reviewed and that it actively involves engagement of the child, parent/carer and relevant others

The risk assessment and plan must be informed by the views of the child and primary carer as well as any professionals such as professionals from education and/or health who are/or have worked with the child

Set out the structural and personal support being made available to support the child during and after the transition

Identify strengths and protective factors and build these into the transition plan

Maintain vigilant oversight of the transition in order to respond quickly to any events that increase risk

Ensure the voice of the child is inclusive, particularly evidencing their views and strengths, and where the view of the professional differs from that of the child or carer, explains the reasons for difference of opinion





Events

Events that will be considered as a point of significant transition will include, but are not limited to:

A change in residence

- Between local authorities or boroughs.
- Geographical area.
- Into or out of a custodial secure provision including transfer to the adult secure estate.
- Into or out of a healthcare provision including secure hospital or secure welfare placement.
- Into or out of a local authority placement such as a children's home, foster placement, or other agreed arrangement.
- Between family members.
- When a child or young person becomes homeless or enters temporary accommodation.
- When a young person moves into independent living or supported accommodation.

A change in education, training and employment

- From primary/junior school to secondary school.
- From secondary school to college, training, and employment.
- Moves between schools, alternative education provision and managed moves.
- At the point of exclusion or in the case of lengthy nonattendance.
- A change to home schooling.
- Return to school after exclusion/period of non-attendance or release from custody.
- Switch between colleges or from college to training or employment.
- From education, training, or employment into custody.



A change in health provision

- On accessing health provision or entering different tiers of health provision.
- Transfer from community child and adolescent mental health services (CAMHS) to adult mental health services (AMHS).
- Accessing learning disability services.
- Serious illness or injury diagnosis for a child or significant person related or known to the child.





Effective transition

In delivering effective transition planning professionals should:

Support children to adjust to significant change and demonstrate their voice and active participation to achieve best outcomes

Minimise risk of behaviour which can lead to a further criminal justice exposure

Provide informed assessment and planning supported by sharing information

Ensure interventions which are delivered as a result of transition support, keep children safe

Consistently support and integrate partner planning

Change is a natural, expected part of life. While some people thrive on change, most experience some level of discomfort around transitions including adjusting to a new situation. As a professional, parent or carer, it is important to recognise the transitions in a child's life, and to provide support as they navigate through these changes.

The challenges adolescents face during a transition can have a ripple effect, impacting their sense of self, their relationships (with peers and with their parents and carers) and this may further impact on school and work.

It is important to note that the onset of alcohol and drug use is most common during transitions. Adolescents may turn to drugs and alcohol to combat low self-esteem, loneliness, anxiety, and depression, and to mentally "check out" of challenging family situations, school, or work trouble. Substances might be used to ease social anxiety, to "look cool," boost their image/reputation and to fit in with a certain crowd.





Key principles for working with children in transition

Ensure a "child first" approach. This means that the best interests of the child are prioritised, recognising and working with their strengths and actively encouraging children to participate collaboratively

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Effective partnership working with wider agencies is essential, they provide essential information to assess the child's needs and provide primary support and intervention at key points of transition

A whole family approach delivered to a strengths-based model underpins work with children. Accordingly, children and their families are fully informed at each stage of the process and active engagement is encouraged at every point

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Recognise that children may have had adverse childhood experiences and undertake a trauma informed approach when making decisions about, and working with, them

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Transition and health

Adolescent transitions to adulthood have been identified as an important phase of life for short and long-term health, happiness, and well-being. Evidence indicates that behaviours promoting health in adolescence may have a long-term impact into adulthood. Therefore, prevention approaches during adolescence might lead to lasting improvements in adult health, happiness, and well-being.

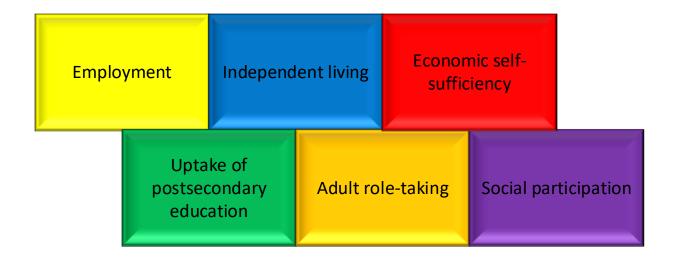
Social inequalities are evident in relation to a range of areas of adolescent health including substance use, violence and abuse, and mental health. There is a need to identify interventions that enhance health, happiness, and well-being, and which aim to reduce inequalities in health among adolescents.

Transition and disability

For many young people, leaving school or leaving home at this life-stage can mean huge changes in the environments where they live and spend their days. As if these challenges were not enough, for the vast majority of young people with a disability, the process of transition to adulthood has an extra dimension: managing the move from services for children, to services for adults. The reality is that the two sets of services tend to be organised in very different ways and have very different cultures.

Transition can be a very challenging time on many levels. For non-disabled adolescents, there is an expectation that parental involvement and influence in the adolescent's life will diminish with the transition to adulthood. But for adolescents with learning difficulties, this is a time when more, not less, parental involvement is likely, and indeed necessary.

Factors which might support successful transition for young disabled people include:







Questions to consider when working with families:

- 1. What sorts of life changes might young people and families expect at transition? Over what period of time?
- 2. What do young people and families think makes for a 'successful' transition?
- 3. What does the transition to adulthood mean to young people? What does it mean for their parents, carers, and families?

For example:

- o Growing up.
- Progression from one experience to another.
- Maturity and doing things differently.
- Rights and responsibilities to yourself and others.
- Making your own choices and decisions.
- Taking risks and making mistakes.
- Changes from being treated like a child at school and an adult at college.
- Big steps (from school to college).
- Taking exams.
- Leaving home and the family.
- Living with who you want to.
- o Friendships leaving old friends and making new ones.
- Job opportunities and working.
- Emotional transition that is not just about your body.
- Anger, stress and frustration.
- o Getting on well and not being treated as different to other young people.
- Relationships and forming close sexual relationships.







Supporting adolescents through transition

Allow for feelings. Adolescents are going to have a lot of feelings, it is important to provide support to let them have these feelings.

Listen. Hear their concerns and empathise with their feelings without judgement.

Preserve routines. Try to keep routines in place. Routines lend familiarity and predictability, which can be threatened during times of transition.

Ensure self-care. Nutritious meals, quality sleep, exercise and stress management provide stability. While respecting the changes in needs and wants it is important to maintain a focus on healthy habits.

Maintain boundaries. Rules and boundaries maintain trust. Be consistent, allowing natural consequences and imposing logical consequences to support consistent boundaries.

Offer choices. Adolescents often feel a lack of control during times of transition. It is important that they have a voice to their opinions, form their own likes and dislikes and make safe choices.

Stay realistically positive. Give tangible examples to counter anxiety in facing this change. For example, remind them of past accomplishments or difficult situations they successfully navigated.

Separate your anxiety from theirs. Recognise your own journey through adolescence. Stay in your own lane, using caution not to blur your journey with theirs.

Do not project your worries. Remember your concerns about any given transition may not be theirs.

Ask for help. If you feel like things are getting out of control, if you are worried about drug and alcohol use, reach out to a professional, who can help.





Glossary

Transition - A process or period of changing from one state to another. It can happen throughout our lives, and it is experienced differently by different individuals. Within some aspects of social care, in particular safeguarding, the notion of transition can imply a definitive 'line in the sand' – a point of no return – at the age of 18 years.

Transitional safeguarding - Focuses on safeguarding children from adolescence into adulthood, recognising this period of transition will be experienced differently for young people at different times. For the purpose of this document, 'young people' refers to people aged mid-teens to mid-twenties, however, some flexibility is important as transitional safeguarding encourages a shift away from age-determined boundaries that can be overly rigid.

Contextual safeguarding - An approach to safeguarding that responds to young people's experiences of harm outside of the home, for example, with peers, in schools and in neighbourhoods. This approach recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. It requires practitioners to engage with individuals and sectors who have influence over/within extra-familial contexts, and recognises that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual safeguarding, therefore, expands child protection systems to recognise that young people are vulnerable to abuse in a range of social contexts and settings.

Relational safeguarding - This means being person-centred and trauma-informed in practice, recognising that meaningful relationships are an important aspect of any therapeutic support. It requires us to adopt a capacity building and empowering approach, so that young people are supported to build resilience and exercise positive control in their lives. It also means using language that is inclusive and respectful, and avoiding terminology or expressions that could be victim-blaming.

Complex safeguarding - A term used to describe criminal activity (often organised), or behaviour associated with criminality, involving children and adults, where there is exploitation and/or a clear or implied safeguarding concern.

County Lines - Groups and organised crime groups exploit children and teenagers to deal on their behalf. Children are seen as easily controlled and inexpensive to resource. These children will often fall into some form of debt to the group, and this can lead to violence and assaults against them. County Lines is the term used to describe the approach taken by gangs and criminal networks to supply class A drugs from urban to suburban areas across the country, including market and coastal towns, using dedicated mobile phone lines. The children and young people involved may not perceive themselves to be victims of exploitation, as they consider they have acted voluntarily. This is further complicated as the exploited children often receive cash or gifts/drugs from their abusers as a means to groom them (Firmin *et al.*, 2020).





Additional Resources and Information

Mental Health Foundation: Health, happiness and wellbeing in the transition from adolescence to adulthood - This systemic overview is intended to make a contribution towards decision making about priorities for investment in, and the design of, future innovative and evidence informed universal interventions.

<u>Ripple Suicide Prevention</u> - Ripple is an interpretive tool designed to present a visual prompt when a person searches for harmful keywords or phrases relating to the topic of self-harm or suicide.

<u>Joint National Protocol for transitions in England</u> - Protocol to support the planned and safe movement of young people from youth offending teams (YOTs) to the Probation Service when they turn 18.

<u>Children and Young People Now</u> - Guide to managing transitions in care.

<u>Easy Read Keeping Safe as you Become an Adult</u> - Easy read version of 'A multi-agency framework for managing risk and safeguarding people moving into adulthood', developed by Hampshire, Isle of Wight, Portsmouth and Southampton Local Safeguarding Adults Boards.

References

Firmin, C., et al. (2020) University of Bedfordshire. Contextual Safeguarding Contextual Safeguarding. Accessed: 19 November 2021.

C. Firmin, C., Warrington, J., Pearce (2016). Sexual exploitation and its impact on developing sexualities and sexual relationships: The need for contextual social work interventions. The British Journal of Social Work, 46 (2318-2337).