

4.1.6 Multi-Agency Protocol for Working with Vulnerable Adolescents

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Introduction

The purpose of this protocol is to support professionals and volunteers across agencies in Hertfordshire to effectively safeguard adolescents. It should be read in conjunction with:

[5.3.11 Children and Young People Affected by Exploitation and Serious Violence](#)

[5.4.1 Children and Young People Who Go Missing from Home or Care, or Who are Vulnerable to Exploitation](#)

A range of recent national reviews, independent inquiries and serious case reviews highlight a growing body of evidence that, as well as the traditional intra-familial risks, risks to adolescents can be increasingly extra-familial and contextual which requires a different, but complementary, response to the child protection framework.

Whilst Hertfordshire's Safeguarding Partnership is led by the three statutory safeguarding partners, namely Hertfordshire County Council (Children's Services), Health and Police, there are many organisations in Hertfordshire supporting young people. The strength of local partnership working is dependent on all partners working collaboratively together with relevant agencies, to safeguard and promote the welfare of children. Working together across agencies is key to early and effective identification of risk, improved information sharing, joint decision making and co-ordinated action. Strong and effective multi-agency working provides the foundation for all that we, ensuring the best possible outcomes for the young people we support.

The overall aim of this protocol and the procedures linked above, is to support professionals across all agencies in Hertfordshire to effectively safeguard and improve outcomes for adolescents.

This protocol provides practice guidance to all professionals and volunteers working in the Hertfordshire to safeguard adolescents at risk of harm. It outlines how we work with adolescents and outlines some of the most prevalent areas of needs or risks that adolescents experience.

The linked [5.3.11 Children and Young People Affected by Exploitation and Serious Violence](#) procedures, outlines indicators that may identify whether an adolescent is being groomed or exploited, different approaches to safeguarding adolescents, and the roles and responsibilities of the agencies and services.

Similarly, the [5.4.1 Children and Young People Who Go Missing from Home or Care, or Who are Vulnerable to Exploitation](#) provides complementary procedures in relation to missing children and young people.

For the purposes of this document children and young people will be referred to as adolescents (10-19 years). However, there are some young people for whom support is provided up to the age of 24, such as those with SEND and Care Leavers.

A glossary of terms used within this protocol can be found in [Appendix A](#).

Pathways for Referral, Assessment & Support

Providing early help to adolescents and their families is an important part of practice in Hertfordshire. Early Intervention can reduce the chance of situations escalating and an adolescent experiencing harm. Early Help work in Hertfordshire is underpinned by the [Families First](#) model.

The [Continuum of Need](#) guidance sets out the 'levels of need' experienced by children, young people and families and is an important tool to support early intervention and multi-agency working. Adolescents will move into, out of and between these levels of vulnerability according to their circumstances. The aim of early identification, referral and service provision is to ensure that children are prevented from moving up the continuum and, wherever possible, concerns are reduced such that they move down.

How to contact Children's Services

Professionals wishing to make a referral should use the online referral form - [Report concerns about a child or request support, Hertfordshire County Council](#).

Any immediate safeguarding concerns should be reported via the Customer Service Centre and then followed up using the online form within 24 hours, attaching any relevant documentation.

If for any reason professionals cannot send documents electronically, they should send them to the address below.

Customer Service Centre,
P.O. Box 153,
Stevenage,
Herts
SG1 2GH

See HSCP Procedures: [4.1.1 Contacts and Referrals \(proceduresonline.com\)](#)

See below HSCP Procedures for further detail on Assessment and Support:

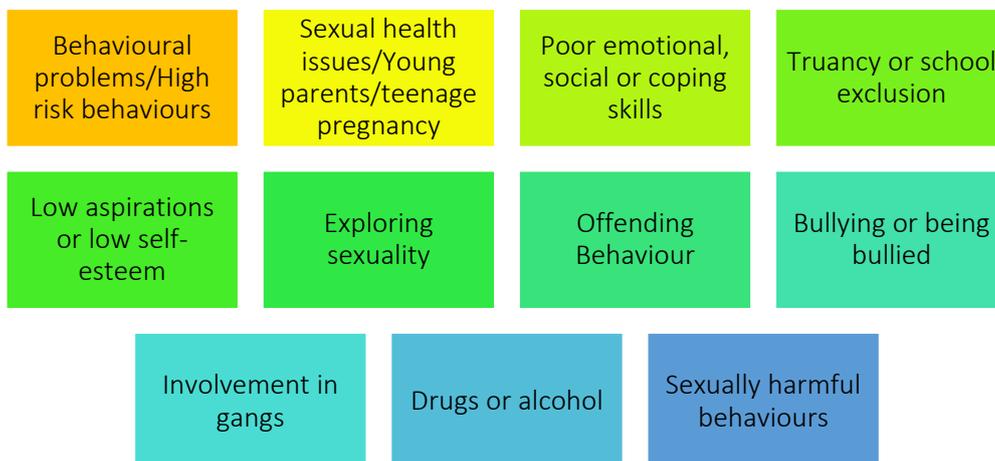
- [5.3.11 Children and Young People Affected by Exploitation and Serious Violence](#)
- [5.4.1 Children and Young People Who Go Missing from Home or Care, or Who are Vulnerable to Exploitation](#)

Vulnerabilities

The range and nature of risks that adolescents face differ from those which younger children and older groups experience. Much of this can be attributed to the adolescent stage of development. Adolescents are far more likely to engage in risk-taking behaviour, be sensitive to peer influence and are undergoing emotional, social and neurobiological changes which can impact on their decision-making ability and behaviour. These factors can contribute to young people's vulnerability to safeguarding issues such as exploitation, gang involvement and engagement in violence. Young people in need of early intervention and targeted support are likely to be at high risk due to one or more factors that affect either them or their parents/carers:



Where these factors are prevalent, they may become apparent through the following symptoms and behaviours:



Vulnerable Groups

Outlined below are some specific groups of adolescents who are often more vulnerable due to their specific needs or life experiences.

Adolescents with Special Educational Needs & Disabilities (SEND)

Adolescents with SEND are less likely than others to move their social circle beyond the home. In some senses, this keeps them safe, but practitioners need to be aware of the risks that arise for adolescents within a relatively closed circle where outside scrutiny is limited.

The dynamics within some peer groups may increase the risk that an adolescent with SEND will be marginalised or be the focus of peer-on-peer abuse. This can include peers who take advantage of adolescents with SEND, asking them to carry out unsafe or criminal activities where they may not fully understand the risk or consequences.

Some adolescents with SEND may also be at risk of overprotection, which may lead to an adolescent not fulfilling their potential as an adult, including a lack of awareness and understanding of wider contexts. Procedures with regards to safeguarding disabled children can be found in the [0-25 Together Service Procedures Manual](#).

Separated Migrant Children (formerly called Unaccompanied Asylum-Seeking Children (UASC))

Separated Migrant Children are children under 18 years old who have applied for asylum in the United Kingdom (UK) and are not being cared for by a parent or an adult who has the responsibility to do so.

These children are cared for in the same way as other Looked after children and are entitled to the same support available to their peers.

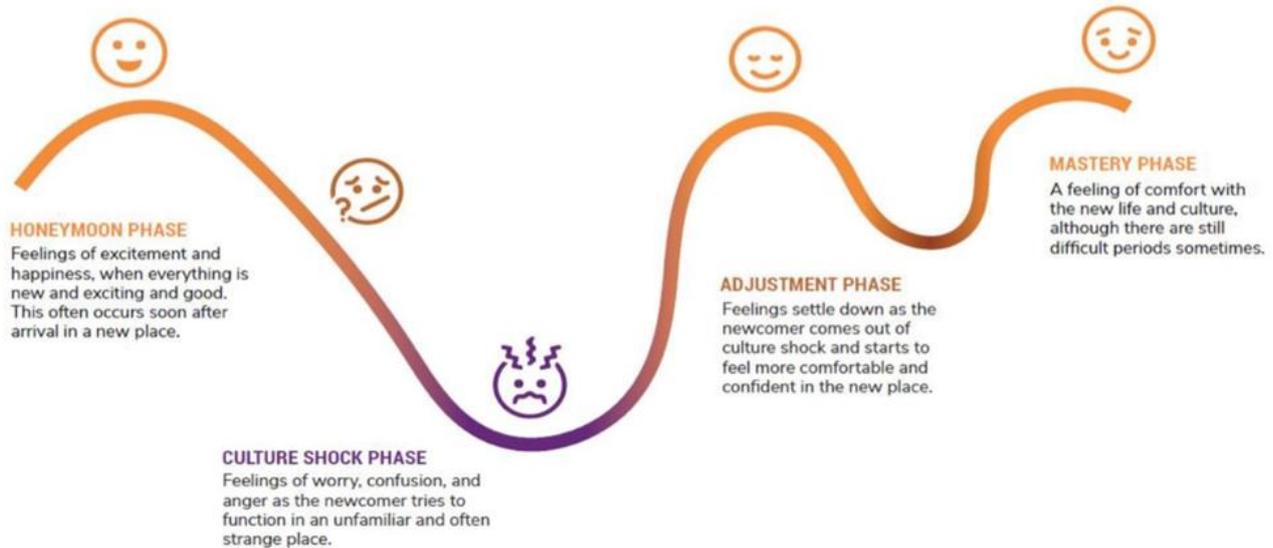
Reviewing and meeting the health needs of Separated Migrant Children in Hertfordshire is important as they have been identified as a population that have multiple health needs. Experiences of this cohort may include being a victim of, or witnessing, rape, torture, physical and sexual abuse.

Information about their health needs and other relevant information to consider in relation to this group can be found at <https://www.uaschealth.org/> – a Kent website with documents / information to support care of Separated Migrant Children where anything can be reused to support children placed elsewhere in the country as they are considered to have the greatest expertise.

Journeys to the United Kingdom (UK) may have been lengthy or dangerous and the culture shock of arriving in the UK may be large due to differences in language, religious observance, dress and attitudes. These experiences are likely to have an impact on their physical health and emotional wellbeing which will need to be addressed.

U-CURVE OF CULTURAL ADJUSTMENT

The graph below shows the common phases of cultural adjustment that most people experience when moving to or visiting a new place. It is important to note that the length and intensity of each phase will vary, and that a newcomer may skip a phase altogether (such as those who plan to move on to another destination and do not go through the honeymoon phase) or go through the U-Curve, or portions of the U-Curve, several times.



Further Information

[UN Refugee Agency, Putting the child at the centre](#)

[Right to remain](#)

[Refugee Council](#)

[UASC Health](#)

Looked After Adolescents

Children Looked After (CLA) refer to children who are under the care of a local authority and who have been provided accommodation for over 24 hours.

Every child deserves a safe, happy environment which allows them to thrive and maximise their potential. Some children are taken into the care of a local authority either voluntarily or through a court order to help improve their outcomes. This may be done to prevent serious harm such as where children are subjected to abuse or neglect. In 2019, 63% of Children Looked After were looked-after as a result of, or because they were at risk of, abuse or neglect.

As local authorities become 'corporate parents' they must ensure the child's needs are met. According to the Children Act 1989, local authorities have a duty to safeguard and promote the welfare of Children Looked After.

In Hertfordshire as from March 2021 the rate of CLA was 36 out of 10,000 which was a lower rate than the average 67 out of 10,000 in England. 55.9% (557/996) of children were male and 70.9% (706/996) were white and the most prevalent age group was 10-15-year-olds (40.5%).

Reviewing and meeting the health needs of Children Looked After is important as their needs are often complex with young people in care being more likely to have a mental health disorder, behavioural disorder, or physical illness than those not in care.

Further Information[VOYPIC](#)[Hertfordshire Children in Care Council](#)[CLA Joint Strategic Needs Assessment](#)

Care Leavers

A Care Leaver is a person who has been looked after by a local authority for a period of 13 weeks beyond their 14th birthday, having then spent at least 24 hours as a child looked after beyond the age of 16, including those who were Separated Migrant Children. There are differing care leaver statuses such as eligible, relevant, former relevant and qualifying and the leaving care service can advise on which status a young person would have.

Leaving Care Personal Advisers are allocated at 17.5 years old to support with transition planning and actively start working with a Care Leaver at 18 years old. Their role is to support transition to adulthood and support is available up until their 25th birthday.

It is important to manage the transitions from adolescence to adulthood particularly carefully if the young person is a looked after child. Transition planning and independent living skills work should commence at 14 years and progress between 14-18, with clear transition conversations taking place from 16 years old so that this cohort understands what their transition plan looks like in order to reduce anxieties at this crucial time. Transition planning spans across services and is not something limited to the Local Authority and needs to be considered across all agencies.

Local authorities have several responsibilities to ensure that Care Leavers are supported and transition to adulthood successfully, such as offering support, advice and guidance between 18-25. It is important to assess and ensure that Care Leavers' needs are met within Hertfordshire by implementing transition planning early, this is done via Pathway Planning and continues beyond the age of 18 years.

Care leavers often have complex needs and can experience difficulties after leaving care including homelessness, self-harm, mental ill-health and lower educational attainment. Care Leavers are disadvantaged due to leaving care at 18 and this is not in line with their peers. Currently the average age for a young adult to leave home is approx. 26.7 years old, however our care leavers leave care at 18 years old, they then have financial responsibilities and face hardships that their peers do not.

Care leavers may have complex needs and can experience difficulties after leaving care including homelessness, self-harm, mental ill-health and lower educational attainment.

The Children and Social Care Act 2017 ensures that all Local Authorities establish a corporate parenting board and publish a local offer for Care Leavers. This offer should relate to six areas which are – Health and Wellbeing, Relationships, Education and training Employment, Accommodation and Participation in society. This offer sets out what is available to care leavers from Hertfordshire Local Authority including statutory requirements and local arrangements. There is a Care Leaver pledge that all partners have signed up to which provides support to those previously in care up to age of 25years. Currently there is a group working on improving the offer being made so please use the link below to see what is currently available.

Further Information[Hertfordshire Local Offer for Care Leavers](#)[Care Leavers Association](#)[Support from Services for Young People - for care leavers](#)

Risks & Behaviours

Child Exploitation

Child exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18, into sexual or criminal activity in exchange for something the victim needs or wants, and/or for the financial or personal advantage or increased status of the perpetrator or facilitator.

Examples of child exploitation include, but are not limited to, trafficking of children for sexual abuse and exploitation; 'county lines' – organised criminal networks involved in the distribution of illegal drugs; criminal exploitation; sexual slavery; child prostitution; child pornography; economic exploitation – the use of child in work or other activities for the benefit of others, for example child labour.

See HSCP Procedures: 5.3.11 [Children and Young People Affected by Exploitation and Serious Violence](#)

Further Information

[Guidance for Professionals: Appropriate Language: Child Sexual and/or Criminal Exploitation.](#)

[Hertfordshire Serious Violence Strategy and Delivery Plan](#)

[Community Care Inform, Prevent and Social Work](#) (N.B Subscription/login required for access)

[HSCP Child Sexual Abuse](#)

[Lucy Faithful Charity](#)

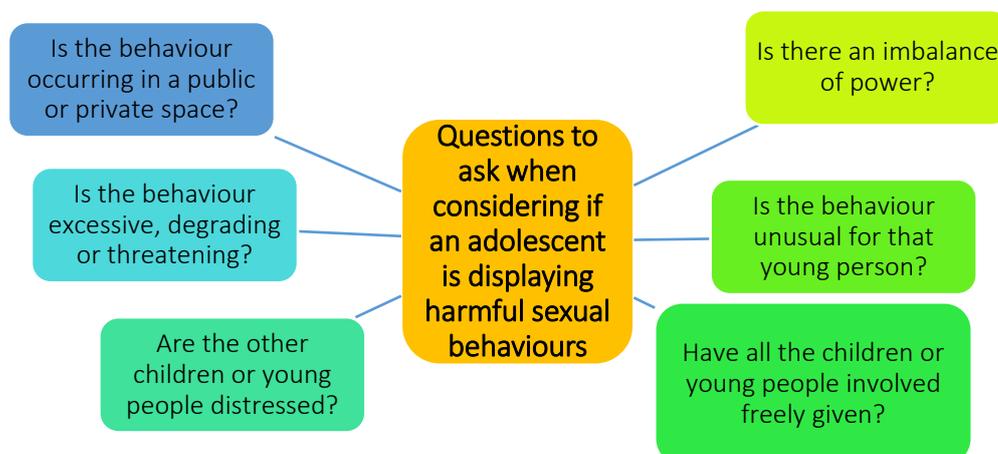
[Community Care Inform, Sibling Sexual Abuse Podcast](#) (N.B Subscription/login required for access)

[Community Care Inform, guide to awareness raising prevention and strategic and operational responses to child sexual exploitation](#) (N.B Subscription/login required for access)

Harmful Sexual Behaviours

The definition of Harmful Sexual behaviours are 'sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult' (Hackett 2014).

It is not always easy to identify what are harmful sexual behaviours, a particularly important indicator includes sexualised behaviours that are inappropriate for the adolescent's age or developmental stage so, it is useful to understand healthy sexual development as described in the link to NCPCC below.



It is known that two thirds of contact sexual abuse is committed by peers. A history of abuse, especially sexual abuse, can contribute to an adolescent displaying harmful sexual behaviours.

Where it is considered that there is an element of abuse taking place both the perpetrator of the behaviour as well as the recipient of the behaviour should be viewed as victims. The needs of both parties should be considered to support and protect but in separate processes. It is noted that adolescents have greater access to information about sex through technology and this has had an impact on their attitudes to sex and their sexual behaviour.

Those with harmful sexual behaviours who receive adequate treatment are less likely to go on to commit abuse as an adult compared to children who receive no support.

Children with learning disabilities or additional needs may display risky or harmful behaviours in greater numbers than their peers but that is not because they are more prone to these behaviours rather that they are less likely to be equipped to successfully hide the behaviours from others.

Further Information

[Brook Traffic Light Tool](#)

[HSCP Harmful Sexual Behaviours](#)

[NICE Guidance](#)

[NSPCC protecting children from harmful sexual behaviour](#)

[NSPCC Healthy sexual development of children and young people](#)

[HSCP Online Procedures, Harmful Sexual Behaviour](#)

Missing

Any child / adolescent can go missing – in the majority of cases they return safe and well in their own time. However, there is potential that a young person may come to harm whilst missing or be subjected to/participate in risky behaviours.

Going missing may be a symptom of another factor that already puts the young person at additional risk of harm through being trafficked or sexually exploited.

A range of “Push” and “Pull” factors may be reasons for running away / going missing:

- **Push factors:** problems at home, including difficult relationships, family breakdown and maltreatment or abuse: problems at school, including bullying; and personal problems including mental health issues.
- **Pull factors:** wanting to be near friends and family, peer pressure, or following grooming by adults seeking to exploit them.

Everyone has a responsibility to inform the Police if a child/young person goes missing as any missing episode is potentially serious. Anyone whose whereabouts cannot be established will be considered missing until located and their wellbeing or otherwise confirmed. Those who have parental responsibility for the child/young person are encouraged to make notifications particularly when risks of exploitation / trafficking have already been identified.

See HSCP Procedures: [5.4.1 Children and Young People Who Go Missing from Home or Care, or Who are Vulnerable to Exploitation](#)

Social Media and Online Grooming

The use of social media is a part of most young people's daily activity. On average, children post to social media 26 times a day – a total of nearly 70,000 posts by age 18 (Children's Commissioner, 2018).

The other side of this is that online activity can attract potential abusers / groomers / radicalisers. Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in an individual becoming drawn into terrorism and is in itself a form of harm.

Perpetrators of online abuse are creative in their thinking and are able to communicate with vulnerable individuals in a language they understand using many forms of social media. The target group for radicalisation are often those that present as politically or religiously naïve. Some people show signs that they are beginning to associate with extremist ideas by changes in their online profiles, including their profile image or name.

Challenging and tackling extremism needs to be a shared effort (HM Government, 2013). For this reason, the Government has given some types of organisations in England, Scotland and Wales a duty to identify vulnerable children and young people and prevent them from being drawn into terrorism – this is the Prevent Duty.

Often conversations begin on open social media sites, chat rooms and gaming apps and then move quickly onto private messaging or poorly moderated sites where people can post harmful content anonymously. This allows for more hidden ways of communication and could potentially make early identification or removal of harmful content more problematic. There are new sites opening and it is good to be aware of what is currently popular as this is where perpetrators are likely to be present.

UK government guidance, classifies online risk in three ways:

1. **Content risk:** children receiving mass-distributed content. This may expose them to age-inappropriate material such as pornography, extreme violence, or content involving hate speech and radicalisation.
2. **Conduct risk:** children participating in an interactive situation. This includes bullying, sexting, harassing, being aggressive or stalking; or promoting harmful behaviour such as self-harm, suicide, pro-anorexia, bulimia, illegal drug use or imitating dangerous behaviour. A child's own conduct online can also make them vulnerable - for example, by over-sharing their personal information or by harassing or bullying themselves.
3. **Contact risk:** children being victims of interactive situations. This includes being bullied, harassed or stalked; meeting strangers; threats to privacy, identity and reputation (for example, through embarrassing photos shared without permission, a house location being identified, someone impersonating a user, users sharing information with strangers); and violence, threats and abuse directly aimed at individual users and/or groups of users.

Further Information

[Internet Safety](#)

[NSPCC Online Safety](#)

[UK Safer Internet](#)

[Internet Matters](#)

[Safeguarding Children & Young People Online, The 10 C's Risk & Resilience Typology & CARE Analytics. P., Buzzi \(2018\)](#)

[Community Care Inform, Online practice and communication: quick guide to boundaries, ethics and safety](#)

(N.B Subscription/login required for access)

[Community Care Inform, Social Media](#) (N.B Subscription/login required for access)

Bullying

There is no legal definition of bullying however it is usually defined as behaviour that is repeated, intended to hurt either physically or emotionally, often aimed at certain groups, for example because of race, religion, gender or sexual orientation. Bullying can take place between people that are known to each other or strangers.

If a young person is seen as different this may be taken as an opportunity for a perpetrator to target that individual – this may be different as a result of disability, levels of success, mental wellbeing as well as home or family circumstances. There is no one type of person that is bullied however bullying is often aimed at young people for reasons of race, religion, gender, sexual preference or their appearance.

Where bullying is against a person for their race, gender identity, sexuality, or religious beliefs this is classed as a hate crime and is against the law.

Bullying can include physical harm, name calling, teasing or making threats to harm or spread rumours. In the current climate cyber bullying where bullying takes place remotely is increasingly common and a cause of concern nationally. Cyber bullying is an increasing problem and can follow the person wherever they go – via social media, mobile phone and gaming.

Further Information

[Bullying at school](#)

Body Image and Eating Disorders

Body image and eating disorders are a complex mental health issue, affecting people of all ages, genders, ethnicities and backgrounds, they can severely impact a young person's health and can threaten his or her life. People with eating disorders use disordered eating behaviour as a way to cope with difficult situations or feelings. This behaviour can include limiting the amount of food eaten, eating very large quantities of food at once, getting rid of food eaten through unhealthy means (e.g., making themselves sick, misusing laxatives, fasting, or excessive exercise), or a combination of these behaviours.

Fortunately, early detection can significantly improve a person's ability to recover. But eating disorders, like many mental health issues, can be difficult to detect, especially when you're not sure what signs to look for.

[Here are some common signs of eating disorders](#) in young people that can help you recognise when a young person in your life may be developing or living with an eating disorder.



Lips

Are they obsessive about food?



Flips

Is their behaviour changing?



Hips

Do they have distorted beliefs about their body size?



Kips

Are they often tired or struggling to concentrate?



Nips

Do they disappear to the toilet after meals?



Skips

Have they started exercising excessively?

While poor body confidence is common during adolescence, **Body Dysmorphic Disorder (BDD)**, or body dysmorphia, is a mental health condition where worrying about flaws in appearance gets in the way of a person's ability to function normally. These flaws are often unnoticeable to others.

People of any age can have BDD, but it's most common in teenagers and young adults. It affects both men and women. BDD can make individuals worry a lot about a specific area of their body (particularly their face). They will spend a lot of time comparing their looks with other people's. They may avoid mirrors altogether or spend time looking. They may go to a lot of effort to conceal flaws – spending an unusually long-time applying make-up, choosing clothes or doing hair. BDD can impact all aspects of the adolescent's life, including social life and relationships and work and may lead to depression, self-harm and even thoughts of suicide.

Some of the common eating disorders are outlined below:

- **Anorexia Nervosa** – the control of weight by not eating enough food, exercising too much, or doing both this disorder has the highest mortality rate of any mental illness.
- **Bulimia** – losing control over how much you eat and then taking drastic action to not put on weight
- **Binge-eating** - eating large portions of food until you feel uncomfortably full

Sometimes a person's symptoms don't exactly fit the expected symptoms for any of the above eating disorders. In that case, they might be diagnosed with an "**other specified feeding or eating disorder**" (OSFED). This is very common. OSFED accounts for the highest percentage of eating disorders.

Avoidant/Restrictive Food Intake Disorder (ARFID) is avoidance of certain foods, limiting how much they eat or both. This disorder is often related to negative feelings about taste, texture or smells of certain foods – a previous past experience of food that was distressing or a general lack of interest in eating are also possible explanations.

It is common in people with Autism or other conditions with sensory sensitivity.

Weight concerns – where there are health concerns around being overweight there are also implications for mental health and wellbeing – those who are overweight are susceptible to bullying and that can impact on long term outcomes of education and general happiness. Children looked after who have a BMI above 90th centile are referred for support routinely.

Further Information

[BEAT](#)

[Beezee Bodies](#)

[Mental Health First Aid - Signs of eating disorders in young people](#)

Addiction – Drug & Alcohol

Addiction is defined as not having control over doing, taking or using something to the point where it could be harmful. Addiction is most associated with drugs, alcohol and gambling but it is possible to be addicted to just about anything ([NHS](#)).

In Hertfordshire drug and alcohol support for families and young people is provided through CGL (Change Grow Live). CGL's Young Person's Team works with young people up to the age of 25 with support around their own drug and/or alcohol use.

Different types of interventions are outlined below.

- psychosocial interventions to include, comprehensive assessments, 121 key working, group work programmes, risk management and harm reduction.
- brief interventions more focused around drug and alcohol education and prevention work
- structured treatment for those with more regular and problematic substance use. This also includes an offer of medically assisted recovery where required.

Appointments for young people are mostly on an outreach basis at school, home visits or other community settings. Interventions can be offered on a remote basis via telephone/WhatsApp calls/Zoom alongside face-to-face interventions. CGL also offer remote groups online which include substance specific support groups, as well as a wellbeing group, recovery group and a parent / carer support programme.

CGL's Families Team offer hidden harm support to children and young people between the ages of 5-18 years old. Hidden Harm refers to the impact of parental/carer substance misuse on children and young people. This involves working with whole families, they complete parent assessments with one or both parents or care givers (depending on each individual case). Hidden harm interventions usually take place in school although a young person can be seen wherever they feel most comfortable. The interventions offer a safe space for children and young people to explore their thoughts and feelings about a situation they have little control over, using age-appropriate interventions which include discussion, arts and crafts, as well as other creative resources to help the young person make sense of their experiences. They will also offer sessions around understanding addiction, dependency, recovery and treatment, where appropriate.

Further Information

[Change Grow Live:](#)

[Advice for anyone worried about a young person's drinking or drug use](#)

[Talking to a young person about drugs and alcohol](#)

[FRANK](#)

[Joint Service Need Assessment Alcohol and Drugs](#)

Self-harm

Self-harm is the term used when someone deliberately injures or damages themselves. It's usually a way of coping with or expressing overwhelming emotional distress and a reflection of another problem. It can be a response to feeling anxious, depressed, stressed or bullied and is often evident when someone feels they don't have any other way of dealing with these issues.

Types of self-harm may include (this is not an exhaustive list)

- cutting, commonly with a razor, knife or other sharp implement
- taking an overdose of tablets
- burning or scalding
- scratching, picking skin, not letting wounds heal
- self-battery (e.g., punching or banging one's head or body parts against a wall or other surface)
- swallowing things or ingesting toxic substances or inserting objects into one's body.

Self-harming is often secret as a result of shame or fear of discovery. For example, young people may cover up their skin and avoid discussing the problem. It may therefore be up to close family and friends to notice when somebody is self-harming and to approach them with care and understanding. The signs may include unexplained injuries and signs of depression or low self-esteem.

It is important to also be aware that online influences may also be a factor in self harm.

Further Information

[harmLESS](#)

[Services for Young People](#)

[Kooth](#)

[HSCP Self Harm and Suicidal Behaviour \(proceduresonline.com\)](#)

Domestic Abuse

Young women aged 16–24 are the group at highest risk of experiencing domestic violence. Young people are also more likely to experience abuse from their peers. Adolescents can be more accepting and dismissive of abusive behaviours than their adult counterparts and unable to recognise that their experience is not appropriate.

Any incident of Controlling Behaviour, Coercive Behaviour or Threatening Behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality is Domestic Abuse. The abuse may include but is not limited to Psychological, Physical, Sexual and Financial.

Other forms of family-based abuse that should be considered as a risk to adolescents are Honour Based Violence and Forced Marriage, there is evidence in the UK that victims of these types of abuse are not confined to one gender or ethnic group.

Signs an adolescent may be experiencing Domestic Abuse are similar to those displayed by older age groups:

- Physical signs of injury as a result of violent abuse
- Truancy and/or dropping out of school / failing grades
- Changes in mood or personality
- Newly using drugs/alcohol (where there was no prior use)
- High emotional state / outbursts
- Isolation from friends and family (where there was previous involvement)
- Receiving frequent texts and phone calls from a partner

- New sexually risky behaviours may be used as a coping mechanism
- Pregnancy – considered / intended in order to escape the situation

Further Information

[Safe Lives](#)
[Herts Sunflower](#)
[The Hideout](#)
[Women's Aid](#)

Adolescent Mental Health and Wellbeing

The term ‘Mental Health’ is frequently linked with mental ill health as opposed to being mentally healthy. Mental ill health is often associated with specialist clinical interventions which sometimes contribute to a sense of low confidence among social care professionals to be able to help.

However, the 1999 Mental Health Foundation report ‘Bright Futures’ defined children who are mentally healthy as able to:

- develop psychologically, emotionally, intellectually and spiritually
- initiate, develop and sustain mutually satisfying personal relationships
- use and enjoy solitude
- become aware of others and empathise with them
- play and learn
- develop a sense of right and wrong
- resolve (face) problems and setbacks and learn from them

These are all things universal professionals are able to contribute positively to, enabling our children and young people to have good mental health.

Thrive model

Work on [Hertfordshire’s CAMHS System Redesign](#), is being informed by the [Anna Freud THRIVE framework](#). This model has been used throughout the UK as a basis for service transformation plans in many child and adolescent mental health services. The framework moves away from the traditional tiers model seen in CAMHS systems, and instead takes a needs-led approach.

Further Information:

[Just Talk Herts](#) - young people’s emotional wellbeing information and signposting to help in Hertfordshire for young people, parents, carers, schools and other professionals working with children and young people.
[Services for Young People – support with health and emotional wellbeing](#)
[Five Ways to Wellbeing](#)

Education & Training

It is well established that young people’s attainment in education and training is a crucial factor in a successful transition to adulthood. Being out of education, employment and training for significant periods of time during youth and early adulthood can have serious consequences, and the effects of exclusion at this crucial stage in life are well documented.

Without the protection mainstream school affords children are inevitably more vulnerable. For example, gang leaders deliberately target children who have been excluded from schools and are on the street and in some cases criminal exploiters purposefully engineer a young person’s exclusion, making them easier to control.

Further Information

How We Work with Adolescents

Diversity & Inclusion

Diversity refers to the ways that we all are different which makes us individual and unique. It is important that as professionals these differences are acknowledged and that the diversities of those in our care is appreciated as a positive and used as a potential opportunity to learn from each other.

Practitioners need to have an awareness of how their attitudes and beliefs can act as barrier that may prevent adolescents from accessing the support they need. Adolescents experience different barriers to engaging with practitioners, and practitioners may not always be able to overcome these barriers. It may be that the ethnicity, gender, sexual orientation and age of a practitioner may lead an adolescent in particular to feel that they are unable to identify with them. Where this is the case an adolescent may feel that the practitioner lacks understanding of their situation or has a negative attitude to them which in turn will prevent a positive and potential therapeutic working relationship to develop. To overcome these barriers and to maximise opportunities for adolescents to engage with services, practitioners need to be aware of their own attitudes, beliefs, values and cultural position and have understanding of how these may impact on the relationships they have with their families and clients. It may be necessary in some cases for a professional to acknowledge that their beliefs are impacting on the professional relationship with the adolescent and that a change in the lead professional working with the young person could be more beneficial to ongoing success of the work taking place.

In Hertfordshire we have a culturally diverse population that is also reflected in the adolescent population including those being looked after by the local authority. We work in ways that challenge negative stereotypes and identify ways of communicating successfully with adolescents particularly where there is either a disability impacting on their communication skills or where English is not their first language.

All adolescents have a voice which should be heard – all professionals involved in caring for adolescents should actively encourage the participation of the young person in their own care planning and ensure that their voice is represented and recorded as part of any discussion that involves their care.

Further Information

Social Graces is a mnemonic tool to help us remember some of the key features that influences personal and social identity and provides a framework to assist us to understanding how ourselves and others may be advantaged or disadvantaged in different contexts.

[Social Graces: A practical tool to address inequality | www.basw.co.uk](https://www.basw.co.uk)

[Systemic Concepts - the Social GRACES - YouTube](#)

Effective engagement with young people

Some practitioners will have lengthy relationships with an adolescent whilst others will only have short interactions, but every interaction has the potential to help them.

Practitioners sometimes fall into the habit of **doing an assessment to** a young person rather than **with** them. Some broad guidelines that can be used to support effective engagement with a young person are shown below.





Using positive language and avoiding stigma

In order to avoid victim-blaming or suggesting that they may be complicit in the abuse, the language professionals use when engaging with adolescents who might be exposed to extra-familial harm is really important. Language can have a significant impact on the ability to build a trusting relationship with an adolescent and in turn how they initially respond to services. Inappropriate language may make the adolescent less likely to disclose abuse through fear of being blamed, it may also normalise and minimise the adolescent’s experiences resulting in a lack of appropriate response.

The Children’s Society have developed some examples of inappropriate language and alternative wording that can be used instead: [Child Exploitation Appropriate Language Guide 2022.pdf \(childrenssociety.org.uk\)](https://www.childrenssociety.org.uk/what-we-do/our-services/child-exploitation-appropriate-language-guide-2022)

Listening to the voice of young people with SEND

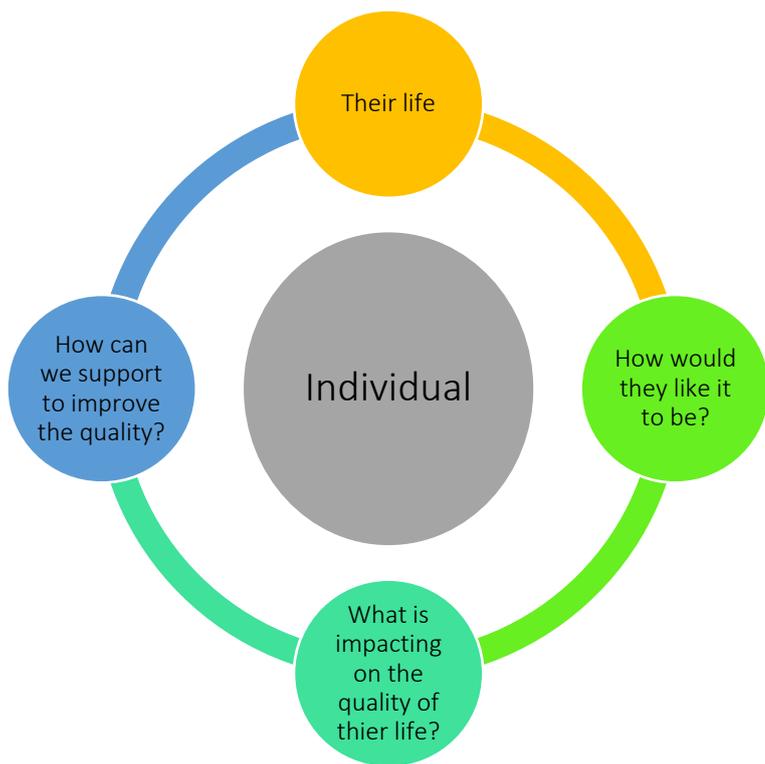
All young people have a voice which deserves to be heard. Young people with SEND may face additional barriers to communicating and influencing decisions made about their lives. This may include adolescents:

- with speech, language and communication needs
- with communication and interaction difficulties associated with severe and profound learning difficulties
- with Autistic Spectrum Disorders (ASD) and those with other neurodiverse disorders.

Working effectively with young people with SEND may include using different strategies that enable them to express themselves and understand others:

- **Visual communication** including signs, symbols, photographs, objects can assist some adolescents to express themselves and understand others
- **Adapting speech** to individual needs may be useful, such as simplifying grammar, using concrete terms instead of abstract or figurative language, and using short, clear phrases instead of longer sentences.
- **An advocate** supports young people without formal language to have their voices heard. An advocate who knows them well will be able to interpret body language and other forms of potentially communicative behaviour.

Strengths Based Practice & Motivational Interviewing



Every practitioner’s role is to be a change agent in the lives of young people, using professional practice to build on the existing skills, including their relationships with their community and networks. There is a balance to be struck between understanding the strengths and goals of young people and establishing a consistent approach to good behaviour and clear boundaries.

Practitioners should start a strength-based conversation with them or their family, unless this is likely to increase the risk of harm to the young person. This conversation is to gain an understanding of their experiences, wishes and feelings, the family environment, the young person’s life outside the family, and any other agencies involved.

Conversations should be based on acknowledging what the young person is already doing well and building on these strengths instead of a focusing on what they are not doing or what they should be doing. Practitioners can develop techniques to identify how young people are doing, paying attention to the problems they face and working with them so that they can tap into resources to help themselves.

Once there is shared understanding of the issues, the practitioner should help to explore solutions. The default option should not be to suggest a source of support external to the adolescent, but to identify what the adolescent can do to address the problems and/or prevent it developing.

Motivational Interviewing (MI) is a collaborative conversation style that practitioners can use to strengthen a young person’s motivation and commitment to change. The MI approach uses the ingredients of quality conversations and is carried out in the spirit of partnership with young people. This mean that all conversations are held for and with the young person not to and on.

MI conversations are an active collaboration between experts. MI is not manipulative, or a way of tricking young people into changing their behaviour. There is profound respect from practitioner for their partner in the collaboration. Practitioners will always work to look at the world from the point of view of the young person.

Further Information

[Community Care, Strengths-based conversations: quick tips for practice](#)

[DfE, Strengths-based approach: Practice Framework and Practice Framework \(with adults\)](#)

Relationship Based Practice (RBP)

When working with young people, especially those who have experienced adversity or are at risk, practitioners must establish meaningful professional relationships. Relationship-based practice (RBP) describes a way of working with children and adolescents that recognises the vital importance of building meaningful relationships.

Many adolescents experience anxiety as a natural response to distress and uncertainty (Munro 2011; Ruch, 2005). It is essential for practitioners to develop an understanding of the adolescent’s situation and state of mind. Adolescents experiencing anxiety may have very self-critical thoughts and may be more likely to reject practitioner support.

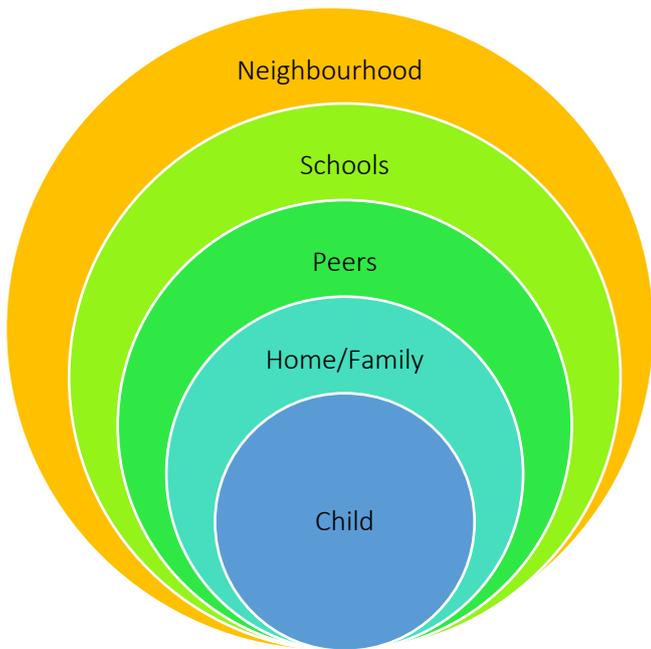
Practitioners working with young people should appear:	Practitioners should avoid appearing:
Available	Unavailable
Interested	Uninterested
Responsive	Unresponsive
Caring	Neglectful
Sensitive	Hostile
Accessible	Inaccessible
Co-operative	Rejecting / Ignoring
Trustworthy	Untrustworthy

For young people with SEND, the key factors in RBP can be established through non-verbal means, such as visual communication, or through adapted language.

Contextual Safeguarding

A key consideration when working with adolescents, visualised below, is that they are influenced by more than just their home and family; they are also shaped by their peers, school environment, and neighbourhood, in both online and offline contexts.

Therefore, support provided to an adolescent needs to consider these extra-familial contexts; contextual safeguarding is an approach to assessing and intervening in these contexts. The approach recognises that children and young people are vulnerable to abuse in a range of different social contexts.



Risks to the welfare of our adolescent population include:

- Child Sexual Exploitation
- Peer-On-Peer Exploitation
- Child Criminal Exploitation
- Modern Slavery & Trafficking
- Missing Young People
- Radicalisation
- Gang Activity
- Online Exploitation

All practitioners, whatever their role or organisation, have opportunities in their day-to-day work with adolescents to identify risks – contextual safeguarding - outside the family home:



The role of a trusted adult is to build a relationship so that adolescents feel able to talk. Many young people/adolescents go through a period where they need independence and personal space and may seem to communicate less. They may be reluctant to provide details about their friends or about places where they are spending time, they should not be pushed by intrusive questions. Instead, this approach should be used to safeguard young people/adolescents who are already identified as vulnerable or at risk of harm.

Further information on contextual safeguarding can be found at contextualsafeguarding.org.uk

Adverse Childhood Experiences (ACEs)

A body of research has identified the long-term impacts that stressful experiences and events during childhood have on that individuals' life chances. They can be a one-off event or a number threats to a child's safety security and trust. These incidents are referred to as Adverse Childhood Experiences (ACEs) and include

- Physical Abuse
- Verbal Abuse – bullying
- Sexual Abuse
- Physical neglect
- Emotional Neglect / harm including bereavement.
- Living with adults with alcohol and drug misuse problems
- Living in a household where the adults experience mental health problems
- Living in household where there is domestic abuse
- Living in a household which includes adults who have spent time in prison
- Living in dysfunctional / chaotic home environments.

This list is not definitive and consideration of other risks and protective factors is required.

ACEs have been shown to be associated with the development of a wide range of harmful behaviours including smoking, alcohol misuse, drug use, risky sexual behaviour, violence and crime. They are also linked to poorer health outcomes.



A number of studies have identified that children in care and those on Child Protection (CP) plans have experienced a number of ACEs. This [short animated film](#) has been developed to raise awareness of ACEs, their potential to damage health across the life course and the roles that different agencies can play in preventing ACEs and supporting those affected by them.

Trauma-informed Practice

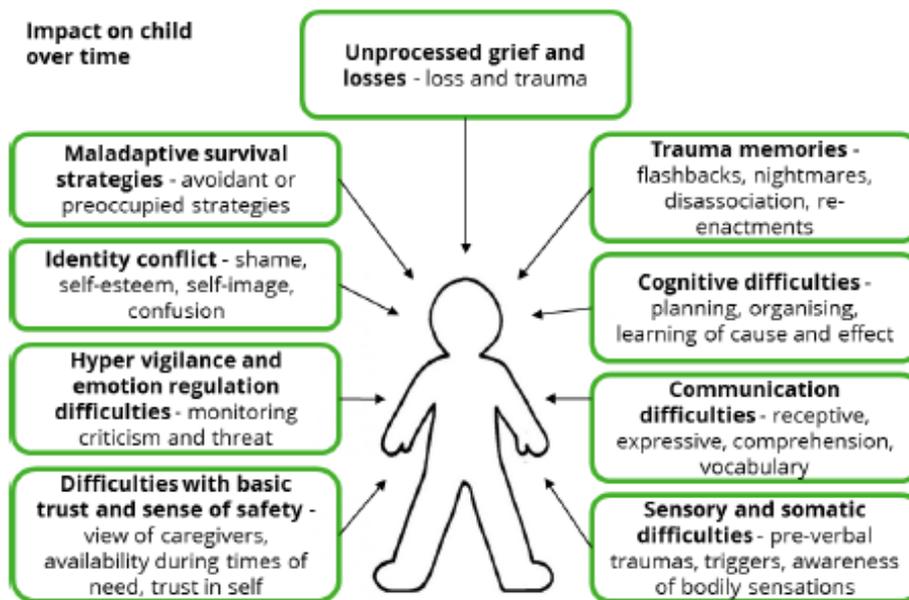
Exposure to adverse experiences in childhood and adolescence can have a traumatic impact on development, physical and mental health and behaviour.

This video from the UK Trauma Council highlights the impact of [Childhood Trauma on Brain Development](#).

The image below shows some types of adverse experiences which can cause adolescents to have a traumatic response to extra-familial risk and/or harm they have experienced.



The diagram below shows some of the impacts trauma can have on a child or adolescent over time.



An understanding of trauma and how it can present in an individual helps professionals to understand that adolescents who experience difficulties with trust, consequential thinking and self-esteem, or who are avoidant and have difficulties managing their emotions, may be feeling or behaving in this way because of a traumatic adverse experience.

The impact of developmental trauma on attachment reflects the difficulties these children and young people often go on to have in navigating future relationships through adolescence and into adulthood. Relationships rather than being a source of comfort, are very often perceived as threatening and a source of fear. This in turn can prevent them from forming the very connections that they need to help their recovery.

Applying a trauma-informed approach considers trauma in a holistic way, asking, what happened to you? rather than 'what is wrong with you?' Rather than viewing trauma as a clinical label or a condition, it is

understood as a common, expected outcome of exposure to adverse and threatening circumstances. Our response should therefore be as follows:

1 RECOGNISE
Understand the child/family history and when trauma may have occurred.

2 ACKNOWLEDGE
Identify the impact trauma has on behaviour, cognition, emotions, relationships, physical and mental health.

3 ENGAGE
Use a restorative and strengths-based approach that supports healing.

4 PROMOTE
Encourage the development of trust, safety, choice, collaboration and empowerment.

Further Information

[For Baby's Sake Trauma Resources and Tools](#)

[Hertfordshire Safeguarding Children Partnership – General Resources and Training](#)

[Hertfordshire Safeguarding Children Partnership – ACE's/Trauma Informed Practice Briefing](#)

[Trauma Recovery CIC](#)

Whole Family Approach

While families are made up of individuals, their challenges and successes are linked. Successful early intervention or prevention of the escalation of problems can only work when all family members are considered. By considering the whole family when assessing the needs and engaging them in the planning and management of support, better and sustained changes can be achieved. In Hertfordshire, this approach is embedded through our Family Safeguarding and Families First models.

It is important when working with adults, that the needs of the young people/children are also considered, including the impact of the adults needs on the young people and children within the family.

Further Information

[Families First Portal](#)

[Family Safeguarding Model](#)

[Life Long Links](#)

[Family Group Conferencing](#)

[Voices of children, young people and families](#)

Appendices

Appendix A - Definitions

These definitions aim to ensure that all practitioners have a shared understanding of key terminology relating to work with adolescents:

Adolescent	The World Health Organization (WHO) defines an adolescent as any person between the ages of 10 and 19.
Child Exploitation (CE)	<p>Child exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person into sexual or criminal activity in exchange for something the victim needs or wants, and/or for the financial or personal advantage or increased status of the perpetrator or facilitator.</p> <p>Child exploitation typically involves physical violence, threats of violence and intimidation. Involvement is usually characterised by the child or young person’s limited availability of choice as result of their social, economic or emotional vulnerability.</p> <p>The victim may have been exploited even if the activity appears consensual. Exploitation does not always involve physical contact, it can also occur through the use of technology.</p> <p>Examples of child exploitation: Trafficking of children for sexual abuse and exploitation, ‘county lines’ – organised criminal networks involved in the distribution of illegal drugs, criminal exploitation, sexual slavery, child prostitution, child pornography, economic exploitation – the use of child in work or other activities for the benefit of others, for example child labour.</p> <p>Examples of associated vulnerabilities: gang involvement, homelessness, radicalisation, alcohol/substance abuse, spending time with others much older than them, missing from home or care, childhood trauma, missing from education.</p>
Child Sexual Exploitation (CSE)	<p>A form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.</p> <p>The victim may have been sexually exploited even if the sexual activity appears consensual.</p> <p>Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.</p>
Child Criminal Exploitation (CCE)	Occurs 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 criminal activity.

Trafficking	<p>Recruitment, movement or transportation (across houses or hotels; towns or cities; within communities and sometimes internationally) of children who are then exploited, forced to work or sold between groups of perpetrators. Includes child sexual exploitation (organised /networked sexual exploitation); benefit fraud; domestic servitude; criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs and bag theft.</p>
Children	<p>Refers to individuals between 0 and 17 years of age. The World Health Organization (WHO) defines an <i>adolescent</i> as any person between ages 10 and 19. This age range falls within WHO's definition of <i>young people</i>, which refers to individuals between ages 10 and 24.</p>
Contextual Safeguarding	<p>Children and young people are vulnerable to abuse in a range of social contexts. Contextual Safeguarding is an approach to understanding and responding to young people's experiences of significant harm beyond their families, termed extra-familial. It recognises that the relationships adolescents form in neighbourhoods, schools and online can feature violence and abuse. Parents have little influence over these contexts, and adolescents' experiences of extra-familial abuse can undermine child-parent relationships.</p> <p>Practitioners must engage with individuals and sectors that have influence within extra-familial contexts and recognise that working within these spaces is a critical part of safeguarding practice. Contextual safeguarding expands child protection systems in recognition that adolescents are vulnerable to abuse in a range of social contexts. (Adapted from Firmin, 2017).</p>
County Lines	<p>County lines is a term used to describe gangs and/or organised criminal networks involved in exporting illegal drugs (primarily heroin and crack cocaine) into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line" - a mobile phone line to which orders are placed by introduced customers. The line will commonly (but not exclusively) be controlled by a third party, remote from the market.</p> <p>They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.</p> <p>The group or individuals exploited by them regularly travel within and between the urban hub and the county market, to replenish stock and deliver cash. The group is inclined to use intimidation, violence and weapons, including knives, corrosives and firearms. (National crime agency, 2017)</p>
Cuckooing	<p>Where people take over a person's home (often acquired by force or coercion) and use the property to facilitate exploitation. The most common</p>

	<p>form is where drug dealers take over a person's home and use it as a base to store and distribute drugs Money and weapons may also be stored at the property.</p> <p><i>See HSAB Cuckooing Practice Guidance</i></p>
Grooming	<p>When someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit and abuse them. Children and young people who are groomed can be sexual abused, exploited or trafficked. Grooming can take place online or face-to-face, by a stranger or by someone they know.</p>
Harmful Sexual Behaviour (HSB)	<p>Sexual behaviours expressed by children and adolescents under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, adolescent or adult. (Hackett, 2014)</p>
Missing	<p>Anyone whose whereabouts cannot be established will be considered as missing until located, and their well-being or otherwise confirmed. (ACPO)</p>
Modern Slavery	<p>Modern Slavery is the term used within the UK defined within the Modern Slavery Act 2015. These crimes include holding a person in a position of slavery, servitude forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after. Although human trafficking often involves an international cross-border element, it is also possible to be involved with modern slavery within your own country. It is possible to be a harmed by modern slavery even if consent has been given to be moved. Children and adolescents cannot give consent to being exploited therefore the element of coercion or deception does not need to be present to prove an offence (National Crime Agency, 2017)</p>
Radicalisation	<p>Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups.</p> <p><i>See HSCP Prevent Guidance</i></p>
Risk	<p>Refers specifically to the experience of a significant adversity or abuse that would seriously threaten a child or adolescent's life or health. Risk also refers to the likelihood of experiencing such adversity, or the experience of a wider range of adversities including poor education and poverty, involvement in minor crime, and mental health problems.</p>
Special Education Needs and Disabilities (SEND)	<p>A child or adolescent has a special educational need if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.</p>