

WORKING WITH HARDER TO REACH YOUNG PEOPLE April 2011

(This document provides Practice Guidance in Part A, and the BSCB Protocol in Part B)

A. PRACTICE GUIDANCE

1. Introduction

1.1 This guidance and protocol has been produced to assist those working with young people, in circumstances where a young person does not engage with services that are felt needed in order to safeguard and promote their welfare. The protocol should be applied in cases where all reasonable attempts to engage a young person have failed **and** there is a belief that the young person is at high risk of significant harm or that they present significant harm to others. The Risk Management Pathway in the appendices provides examples (i.e. not an exhaustive list) of services or processes through which such cases might be identified.

1.2 When a young person does not engage with, what is believed to be the necessary support, staff can feel powerless to help - and sometimes, agencies have closed the case, leaving the young person even more vulnerable.

1.3 The Biennial analysis of Serious Case Reviews 2005 to 2007 revealed that a common factor was that local services just did not know what to do with them. By the time of the incident, agencies appeared to have run out of helping strategies (Brandon et al 2008). It was found that many of these young people had a long history of agency involvement, but that their specific needs and distress was often missed or was too challenging, or expensive for services to meet.

1.4 Research with young runaways has indicated that thresholds for responding to maltreatment were seen by professionals higher when young people reached the age of 15 (Rees G et al 2010).

1.5 Most of the older adolescents in the Biennial analysis died from suicide. Typically they had experienced a history of abuse and neglect, coupled with environmental factors like domestic violence, parental mental health issues and poverty (Hindley et al 2006). Many were self harming and misusing substances. Numerous placement breakdowns; running away; going missing; dangerous sexual activity, including exploitation were common features too.

1.6 These young people might have been amenable to help if they had been offered the right approach (Finkel D 2008).

1.7 Many children and young people who fit the category of 'harder to reach' and at risk of significant harm are 'Looked After' by the Local Authority.

1.8 Here in Buckinghamshire, there have been similar findings from serious case reviews involving the tragic deaths of young people. At several stages in their lives, these young people were viewed as harder to reach or difficult to engage for a range of different reasons.

1.9 This guidance has therefore also been produced to help embed the specific lessons learned locally (see executive summaries on the BSCB website www.bucks-lscb.org.uk)

2. What do we mean by harder to reach or difficult to engage?

2.1 The terms 'hard to reach' or 'difficult to engage' can be stigmatising in themselves, sometimes implying that the young person does not want help or is unable to be helped. For each young person affected, it is crucial that we aim to understand what it is that prevents effective engagement with them. Without doing so, we are unlikely to find more successful approaches.

2.2 A young person without cash for necessary transport isn't going to go to keep an appointment –and if she/he is now homeless, they probably have not received your letter of appointment in the first place.

3. Impact of family and community life

3.1 The extent to which parents and the community encourage young people to engage with the wider community and available services will impact on their confidence to make the most of opportunities and these services. We need to understand the young person's ability to engage within the context of the predispositions they may have inherited from their family and community, particularly in relation to fear and distrust of formal organisations.

4. Factors to consider:

- Family/ community isolation or alienation from wider community
- Hostility from local or wider community
- Experience of institutional racism
- Criminal culture within family or community – including substance misuse, domestic violence
- Previous child protection intervention
- Previous disagreements with authority over what are viewed as problems and/or disagreement about their solutions
- Previous dissatisfaction with agencies regarding access to support, thresholds for involvement or timeliness of response
- Poverty – impact on self esteem, aspiration and access to basic amenities (transport and activities involving costs)
- Communication – barriers due to level of understanding/language/disability
- Disability and / or physical or mental health issues for the young person, or within the family.

4.1 These factors are likely to have some bearing, directly or indirectly, on the young person's ability to view agencies as a source of help or not. If the young person is not disengaged from their own family or community, then efforts to support may need to reassure those people who are more influential first.

5. Impact of the way we and our organisations work

5.1 Whilst it is important to acknowledge that young people and families can make it hard to engage, we as professionals play an important part in this and we must be aware about the factors we contribute to the process of engagement. 'Workers can become paralysed by their own fears and anxieties, which can lead to the assessment process remaining incomplete (Brandon et al 2008).

5.2 People could be hard to reach because they think an organisation does not care about them, does not listen or even is irrelevant to them (Wilson 2001).

5.3 Agencies can spend too much time deciding on who is the most appropriate team to offer a service. This uncertainty and delay of input is likely to impact on the young person's or family's interest in accepting the support and therefore causing them to become difficult to engage with.

6. Organisational features that can undermine engagement:

- Disagreement between agencies about responsibility and thresholds
- Rigid application of threshold criteria
- Reasons for the young person running away not addressed properly
- Reluctance to identify mental illness and suicidal intent
- Dealing with incidents but failing to recognise patterns – resources diverted towards short-term crisis not achieving long term outcomes
- Limited resources are poorly coordinated and integrated
- Lack of specialist provision/advice
- Different agency agendas and mutual misunderstandings: falling down the gap.
- Complicated procedures, bureaucratic, form filling etc.
- Attitude of staff: bureaucratic, judgemental, cold, indifferent.
- Poor communication and accountability within an organisation – failure to escalate and address relevant concerns
- Limited staff supervision - individual workers viewing lack of engagement as their personal failing and feeling de-skilled
- Lack of emphasis on continuity of contact from professionals known to the young person

7. Impact of young person's immediate circumstances

7.1 Common features of 'harder to reach' young people often include:

- Increased risk of abuse/neglect (including higher risk of exploitation)
- Self harm/risky behaviours (include risky sexual behaviour, drug and alcohol misuse).
- History of exclusion from school, with a consequent lack of practical and social skill to deal with peer pressure and a range of threats from detrimental lifestyles.
- Unsettled or poor experiences in Care (residential or foster placements)
- Homelessness - for some, the assumed normal safe places are in fact places of risk e.g. the family. The life they have 'chosen' now may be preferable to the life they left at home.
- Vulnerability to crime – both as victim and perpetrator – particularly if homeless, they become more dependent on crime as their method of survival.
- Delayed or no attention to health needs

8. Factors which may act as a barrier to seeking or receiving assistance from services:

- Communication difficulties - language barriers; learning disability; poor literacy; no contact address/numbers,
- Involvement in criminal activity – fear of judgemental response/prosecution
- Misuse of drugs/alcohol – fear of judgemental response/prosecution
- Peer pressure e.g. gang culture
- Reluctance or fear of being returned to family, residential or foster placement
- Discomfort with, and/or fears of judgemental response to, sexual matters (e.g. sexual orientation, sexual health matters)
- Difficulty in understanding the different roles of professionals they encounter
- Financial / Gaining agreement on any funding required and which agency will pay.

8.1 *"We must recognise that the young person may be hard to reach in some contexts or locations, but not in others. The real critical part is matching the right solution to the right*

person. We need to be flexible with what we do, we need to coordinate things better and we need to work better together". Hendry 2007.

9. Checklist for good practice

9.1 The following tips are good practice for working with any young person and may seem obvious. However, lessons from serious case reviews and recent research indicate that for harder to reach young people, these practice issues remain significant:

- Be honest and up front about what young people can expect and what not to expect from you/your service or placement – be transparent about why engagement is necessary
- Establish what they want to happen and what they don't want to happen
- Provide clear and accurate information, including when it might be necessary to disclose information about them to others for the purposes of protecting them or others.
- Keep them informed of changes that are significant to them (find out what they want to know too).
- Keep clear boundaries – working with vulnerable young people often means being flexible, but a trusting friendly relationship must not be blurred with involving them in your personal life – provide relevant contact numbers including out of hours numbers for emergencies.
- Wherever possible, work at the young person's pace. Taking time to work at their pace can actually be a fast track for getting to what it is really important for them.
- Aim to promote discussion that allows the young person to make informed life choices, but be clear and honest about which aspects can be determined on their terms and which cannot
- Make no assumption about sexual orientation – use neutral language e.g. are you seeing anyone? Rather than do you have a boyfriend/girlfriend.
- Make the young person aware of how to voice dissatisfaction and or complaints about your service
- Don't assume that young people are able to read and write sufficiently. A large number of hard to reach young people struggle with literacy. Establish best form of communication – particularly when making appointments or sending directions/instructions etc.
- Ensure that appointments or other proposed activities are realistic – are there costs involved, transport issues, other commitments/timing issues?
- Make every effort to keep appointments, keeping alternative arrangements to a minimum
- Be positive. Offer praise for every achievement, however small it seems.
- Persevere. If let down before by adults, hard to reach young people may try to test you. Keep going back for more and you are more likely to earn their trust and respect.

10. Challenging Behaviour: Excluding a young person from a service provision

10.1 There are times when a young person's behaviour may pose a risk to others and exclusion from the service needs to be considered. Where the young person themselves is viewed as at risk of significant harm, a **temporary** exclusion should be the ultimate sanction **until** a Risk Management Meeting is held to develop a multi-agency action plan. NB. When working with young people who have already been excluded from a number of provisions in their lives, a permanent exclusion can reinforce a position of hopelessness. Consequently, a Risk Management action plan needs to be in place to direct any further decision making.

References

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B. RISK MANAGEMENT PROTOCOL FOR 'HARDER TO REACH' YOUNG PEOPLE

1. Promoting effective engagement

1.1 Lack of engagement or poor engagement may start or be compounded by our own approach. Many hard to reach young people are used to being let down by adults. Setting and maintaining clear and realistic expectations will help to build trust.

1.2 When working with 'harder to reach' young people, familiarise yourself with the BSCB guidance attached to this protocol (BSCB Guidance for working with 'Harder to Reach' Young People 2010). Understanding potential blocks to engagement will support you in your work and help identify cases that need escalating to the use of this protocol.

2. When lack of engagement occurs and the risk of harm to a young person is significant

- Do not close the case or terminate attempts of involvement
- Try to establish which factors are most significant in obstructing engagement, whether or not you think they are resolvable (see BSCB Harder to Reach Young People Guidance 2010).
- Review whether any expectations/agreements shared with the young person have been adhered to by you/your service. If not, be honest with the young person and your organisation – where appropriate, actively remind the young person of your complaints procedure and any advocacy arrangements. Your organisation should try to make a fresh commitment and explore whether having a different worker would be possible and beneficial.
- Do not assume that appointments missed by the young person means that they do not need or want assistance
- Liaise with other involved organisations to see if they are experiencing problems of engagement with the young person.
 - confirm level of engagement by all services
 - try to establish cause of non engagement – can this be addressed individually or collectively by all involved agencies/services? If so, record required actions with timescales and review dates
 - consider whether current level of engagement is sufficient to address risk
- Where the young person already has a child protection plan, the case conference should be reconvened to discuss the lack of engagement
- Whether at case conference, core group or other multi-agency/organisation professional's meeting, if the current level of engagement is viewed as insufficient to address the risk of significant harm, or there is disagreement between the organisations about this, then currently involved agencies/services **should not** close the case or otherwise terminate involvement. The young person's case must be referred to the Chair of the Risk Management Arrangement.
- If the meetings so far have not included parents or other relevant carers/family members, efforts should be made to consult them about the young person's lack of engagement and seek their involvement in finding solutions
- The chair of the case conference, core group or other multi-agency professional's meeting should ensure that a case synopsis is prepared for the Chair of the Risk Management Arrangement (see template)

3. Missing Children/Young People

3.1 Children and young people who are harder to engage might also go missing from their homes, residential or foster placements. These circumstances contribute to their vulnerability as well as placing obstacles to engagement.

3.2 In these cases always refer to the Thames Valley Protocol for Missing Children:
www.bucks-lscb.org.uk

4. Risk Management Meeting

4.1 Membership

4.1.1 The Risk Management Meeting should be chaired by a Divisional Manager in Safeguarding.

4.1.2 The Risk Management Meeting should include senior management from those agencies/services already engaged or trying to engage the young person. It should also include, if not already involved, senior representation from social care, police, health. The meeting should have inclusion of, or access to, a Local Authority legal advisor.

Specialist advisors should also be invited to the meeting, for example from:

- Case Conference Chair
- CAHMS
- Independent Reviewing Officer (if a Looked After Child/Young Person)
- Substance Misuse
- Domestic Abuse Services
- Learning/physical disability
- Education Psychology
- RU Safe? (Barnado's)
- Community Paediatrician
- Social Care Emergency Duty Team (EDT) – (for information).
- Other agencies Out of hours services (for information where applicable)

4.2 Parental involvement

4.2.1 Consideration must also be given to the involvement of parents or other significant carers/family members – either in the meeting itself or by ensuring that their views and ideas contribute to the development of the action plan.

4.3 Involvement of the Young Person

4.3.1 By definition, the involvement of the young person themselves in the Risk Management Meeting is unlikely. However, there may be occasions when the young person can be persuaded to explain why they do not wish to engage and consequently any direct or indirect method of bringing their views and ideas to the discussion should remain a priority e.g. attendance of an advocate.

4.4 Purpose of Risk Management Meeting

- Share the known or perceived risks – clarify perceptions/facts.
- Aim to achieve consensus about level of risk.
- Confirm which agencies/services have any contact – confirm the nature of the contacts/involvement
- Share information about factors which might be preventing engagement – see BSCB Harder to Reach Young People Guidance 2010.
- Identify gaps in provision
- Develop a shared risk management plan to be adopted by all relevant agencies/services – this should include:
 - Confirmation that there will be '**no wrong door**' for this young person i.e. there will be a proactive response to any contact made by the young person regardless of who he/she approaches. (i.e. Intervention should not be postponed - *getting the help at the right time is essential*).

- A notification should be sent to specified agencies (including police*, out of hours social care and health service provision) to adopt a **flag** which alerts staff to the fact that this young person is harder to reach and is considered at high risk. Those attending the meeting will be responsible for ensuring that the alerts reach relevant communication systems within their services and a flag attached to the young person's details. Other services, not represented at the Risk Management Meeting will be notified by the Chair.
- The flag system should ensure that wherever possible, attempts are made by those who come into contact with the young person, to engage and offer support. As a minimum, those in contact should make a note of the young person's appearance, behaviour and signpost him/her to services/help identified by the Risk Management Meeting.

* Note: The police are sometimes in an ideal position to help. They may be the first or only contact with statutory agencies that some vulnerable young people have – because of the higher risk of association with criminal activity and vulnerability to crime.

- Any contact with or from the young person should be reported directly (verbally, then followed in writing) to the allocated worker in social care within 24 hours (if not available, their manager), so that tracking and feedback on the young person's wellbeing can be monitored and any new opportunities responded to as soon as possible.
- Consider drawing in other expertise to advise on how best to engage with the young person
- Consider whether new or different outreach work is appropriate and by whom.
- Identify specific services and contact numbers to be promoted to the young person whenever they are seen or communicated with
- Identify contingency plans to deal with unexpected or short-term crisis, increased risks.
- Identify monitoring arrangements
- Set review meetings (minimum of one-monthly)

4.5 Removal from High Risk, Harder to Reach Category

4.5.1 The Risk Management Meeting should regularly consider whether they need to keep a child or young person under the review of this group. As soon as the need for these arrangements is no longer required, all involved agencies must be informed.

4.5.2 Agencies must then remove any 'High Risk, Hard to Reach' notification or flag on their communication and recording systems. This will ensure that this priority arrangement remains focussed on current selected high risk cases.