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Safeguarding Adolescents in London

A survey of professionals for The London Safeguarding Adolescents Steering Group (LSASG)

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1. Introduction

The London Safeguarding Adolescents Steering Group (LSASG) was established in June 2016 to develop shared principles and enhance policy frameworks for safeguarding young people amongst London's key strategic bodies.[1] The group is supported by the Contextual Safeguarding team at the University of Bedfordshire, and in consultation with London's practitioners and young people it aims to:

- Develop a supplementary chapter on safeguarding adolescents in the London Child Protection Procedures
- Build greater consistency across their policies, strategies and work programmes concerned with safeguarding adolescents
- Enhance their understanding of the experiences and needs of adolescents through engagement in research and practice evidence
- Build greater connectivity between siloed policy areas impacting the welfare of adolescents – such as work on child sexual exploitation, children missing from home, school and care, serious youth violence, trafficking, harmful sexual behaviours and domestic abuse

As part of this work, the Contextual Safeguarding team ran a survey to capture London-based practitioners' opinions on London child protection procedures. This paper presents the key findings of the survey. The results will be used to draft a chapter on safeguarding adolescents in the London Child Protection Procedures that will be available for public consultation.[2]

2. Methodology

Ethical approval for the survey was given by the University of Bedfordshire Ethics Committee, and the online survey was then distributed by LSASG member organisations to professionals working with children and adolescents in their networks.[3] The survey was analysed using Qualtrics software. Overall, 120 professionals participated in the survey although response rates to individual questions fluctuated between 100 and 120. Of the 106 respondents who provided their job title/sector, the majority were working in policing (22%), health (22%) or children's social care (13%), with the rest comprising professionals in safeguarding, education, mental health, voluntary sector, youth offending and other sectors.

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[1] For further information about the LSASG please view the terms of reference and project plan (available on the LSASG page of the London Safeguarding Children Board website).

[2] The other outputs of the London Safeguarding Adolescents project used to inform the chapter are focus groups with young people, and a scan of relevant existing policy documents.

[3] For a copy of the survey please contact lucie.shuker@beds.ac.uk

The sample is self-selecting rather than representative, and so may comprise professionals with a particular interest in - or commitment to - safeguarding adolescents. The findings should therefore be interpreted with caution. Respondents also chose whether to expand on their survey answers by providing further written explanations. A relatively small proportion of those surveyed chose to do so for most questions, and this means we cannot generalise these answers to all the survey respondents, or to the wider population of professionals working with adolescents.

3. Summary of findings

1. The London Child Protection Procedures were perceived to be broadly adequate for safeguarding adolescents, but some text responses suggested they were not adolescent-specific enough in terms of how they considered threats, needs, processes, behaviours, contexts of harm and the role of peers.

2. Respondents reported relatively high levels of confidence in their own ability to both identify and respond to harm faced by adolescents by different people and in different contexts. However, this confidence weakened as the context of harm moved further from the home/family. The contexts where professionals were least confident were in relation to risk from peers, in children's neighbourhoods and online.

3. Professionals reported relatively high levels of confidence in their ability to identify and respond to risk/harm experienced by all children between 10-17, both male and female. However, some text responses suggested that identification of risks to young men need to be improved.

4. Where professionals were confident in their practice, they attributed this to training, management and peer support, and/or case experience with adolescent safeguarding e.g. working with cases of CSE or gangs.

5. A range of tools were seen to be useful for safeguarding adolescents. Section 47 enquiries and child protection plans/conferences were perceived to be most useful, and early help assessments using the Common Assessment Framework (CAF) were seen as least useful.

6. London Boroughs are making use of multi-agency and multiple-issue teams, panels, meetings, strategies and protocols (e.g. 'at-risk' or 'vulnerable adolescent' responses), as well as specific services, models, resources and tools in their safeguarding of adolescents.

7. Professionals reported that young people view the quality and consistency of relationships and inter-personal practice as most important for safeguarding, followed by specific action taken to keep them safe, and access to services.

8. Suggestions for improvements to policies and procedures were wide-ranging but two key themes were the need for a) more proactive and supportive multi-

agency working, and b) more resources for professionals to engage meaningfully with adolescents. Respondents suggested that there are specific risks facing adolescents, and that training would support professionals to understand these risks, the dynamics of adolescence and the implications for safeguarding (e.g. disclosure, space and mobility, control and agency, gender identity, online activity, the role of peers, relationship to risk and victimhood).

9. Respondents suggested that adolescent engagement in child protection procedures could be improved through more inclusive and empowering practice, access to consistent support and better communication with young people.

10. Professionals reported partnering most frequently with children's social care/ safeguarding or multi-agency teams, health (including school nurses), education, police and voluntary agencies when safeguarding adolescents. Looking forward, respondents said that they also wanted to work with youth workers, schools and mental health professionals. Some text responses identified value in co-located and accessible services for safeguarding adolescents (e.g. youth-workers in A&E, or CAMHS workers based in schools).

4. Findings

4.1 Adequacy of child protection procedures for safeguarding adolescents

Nearly half the 122 respondents (48%) somewhat agreed that the London Child Protection Procedures (LCP) outline how professionals should respond to adolescents in need of support, with a further quarter strongly agreeing. Just over half either strongly agreed (11%) or somewhat agreed (40%) that procedures for information sharing across services work well.

Where concerns about the LCP procedures were highlighted these related to the procedures not being adolescent-specific in terms of threats, needs, processes, behaviours, contexts of harm and the role of peers. Some answers referenced the need for procedures to take better account of adolescent autonomy, and risks associated with the transition to adult services.

Those who reported concerns about information-sharing procedures highlighted issues with children's social care receiving information, but not being willing to share it (8 responses), and IT challenges when trying to share information (4 responses). Respondents also highlighted that information was not being shared because of a lack of co-operation (3 responses), poor understanding of how the information will be used (3 responses) or confusion about procedures (3 responses).

> *'There is a wide variance in practice even within one local authority area. There is a wide variance in how willing professionals are to share sensitive information. This can be due to a suspicion that another partner will use the*

information to the detriment of a young person or a professional relationship.' (Survey respondent)

'A lot of services are not as open as they can be and continue on occasion to be quite protective of their information. Not within our borough, more prevalent when working across boroughs.' (Survey respondent)

4.2 Adequacy of child protection procedures in relation to risk from particular groups

Professionals were asked whether they believed that current child protection procedures adequately address how to safeguard adolescents who have experienced, or are at risk of experiencing, significant harm caused by particular types of adult/children in particular contexts.

There was a clear correspondence between levels of professional confidence in the LCP procedures and the context of risk faced by children and adolescents (see Chart 1). A substantial majority strongly or somewhat agreed that the LCP procedures adequately addressed safeguarding adolescents at risk from parents/carers (84%), adults within family (80%), adults connected to family (76%), and adults in child-facing institutions like schools (76%).[4] This confidence dropped as contexts of risk moved further from the family. On questions relating to contexts of risk beyond the home, more professionals were unsure or ambivalent about the adequacy of the LCP procedures. Fewer than half strongly or somewhat agreed that the LCP procedures adequately addressed safeguarding adolescents at risk from children/peers within their school (46%). These figures were 39% for children/peers unconnected to the family online, 39% for children/peers encountered in public spaces and 37% for children/peers unconnected to the family offline.

Text responses to this question focused on the inadequacy of LCP procedures in realtion to recognising and responding to risk outside the home. This included:

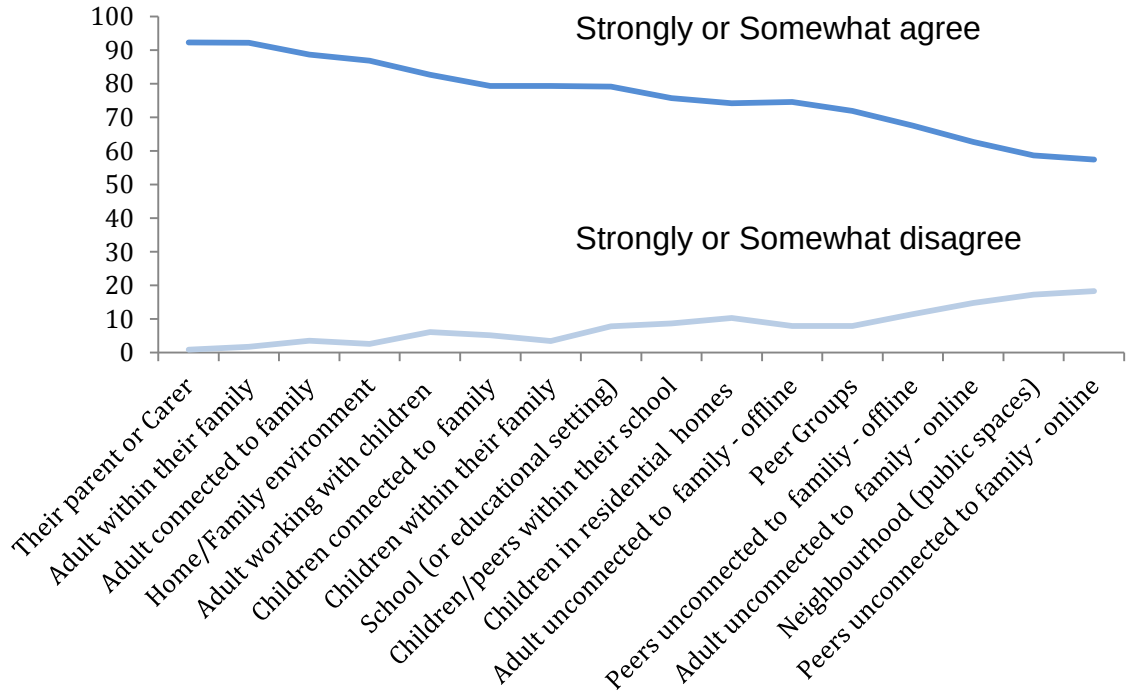
- The challenges of evidencing significant harm from peers and/or online
- Legislation and processes not adequately reflecting adolescents lived experiences (including their online presence and behaviours)
- Professionals equating child protection with parents presenting risk
- Children being seen as responsible for 'risky choices' outside the home
- The need for clear recognition of the different types of harm faced beyond the home
- Challenges in understanding and working with young people's agency, risk and choice
- Inconsistent responses from schools to adolescents at risk of harm

[4] For ease of reporting 'strongly agree' and 'somewhat agree' have been combined.

4.3 Professionals' confidence to identify risk/harm

The majority of respondents were confident they could identify harm in all the contexts presented. In general, this confidence decreased as the context of harm moved further away from the home and connection to family. A significant majority either strongly or somewhat agreed that they were confident they could identify adolescents who have experienced, or are at risk of experiencing, significant harm caused by parents/carers (92%), adults within their family (92%) or adults connected to their family (89%). Confidence was lowest in identifying adolescents who have experienced, or are at risk of experiencing, significant harm caused by: children/peers unconnected to their families offline (68%); an adult unconnected to their family online (63%); and children/peers unconnected to their families online (57%).

Figure 1: I am confident that I can identify adolescents who have experienced, or are at risk of experiencing, significant harm caused by:



Despite the decline in confidence described above, professionals are still slightly more confident in their own ability to identify risk/harm in all contexts, than in the adequacy of the protocols to address harm in those same contexts.

Table 1: Sample of responses for comparison.

	Adequacy of current child protection procedures in addressing how to safeguard adolescents who have experienced, or are at risk of experiencing, significant harm caused by:	Professional confidence to identify adolescents who have experienced, or are at risk of experiencing, significant harm caused by:
Parents/carers	84% -	92%
An adult unconnected to their family online	52%	63%
Children/peers unconnected to their families online	37%	57%

Text responses identified that professionals found it challenging to identify significant harm caused to adolescents in the context of peer groups and online.

> *'Growing peer on peer abuse and social media as a platform for exploitation is a difficult area to police. Many of what we as professionals see as exploitative and harmful sexual behaviours have been normalised in some areas of youth culture'. (Survey respondent)*

Where professionals reflected positively on their own ability to identify risk, they attributed that confidence to their experience working on cases of child sexual exploitation, training they had received and/or access to peer support and professional networks (e.g. the Contextual Safeguarding Network, which promotes the use of approaches like peer mapping).

4.4 Professionals' confidence to respond to risk/harm

In every context, a majority of respondents were confident they could respond when an adolescent was at risk of, or experiencing, serious harm. However, this confidence diminished as the source of risk was located beyond the home and family. A significant majority of respondents strongly or somewhat agreed that they were confident they could respond when adolescents have experienced, or are at risk of experiencing, significant harm caused by an adult working in an institution that provides a service to children (93%), their parent or carer, an adult connected to their family, or an adult within their family (all 92%). The contexts in which professionals felt least confident were where risk/harm was caused by children/peers unconnected to their families offline (76%) and children/peers unconnected to their families online (73%).

Of those who provided additional text responses (n=18), 12 attributed their confidence to experience, training and general confidence in procedures. Challenges that were identified by these additional respondents included the following:

- Adolescents not disclosing risk/harm (or at least not to police workers/social workers) because of the loss of control it represented
- The complexities around responding to peer-on-peer and online abuse
- Variability in managerial approaches to removing a child from harm

'Most older children are so aware of the 'system' they know they can control the situation by changing and withholding information. Making a full disclosure to a youth worker about themselves or a friend while saying if you call the police or social service I will just say it's not true. They want support but don't want to lose the little control they do have and want to be recognized as having developed coping strategies and strengths that they might be asked to give up while CP processes identify them as a child. This means that responding to serious harm in all environments other than institutions is reliant on the cooperation of an older child who will have conflicting and changing attitudes to the support they want.' (Survey respondent)

4.5 Professionals' confidence to identify risks to children by age and gender

Between 92% and 94% of respondents identified that they either strongly or somewhat agreed that they could respond to the risks and factors that negatively affect the safety and well-being of both boys and girls between the ages of 10 and 17. Within these high levels of confidence, professionals reported being very slightly more confident in responding to risks to girls than to boys, and to those aged 13-15 over those aged 10-12 or 16-17. However, these differences are so small they are negligible (see Table 2 and Figure 1).

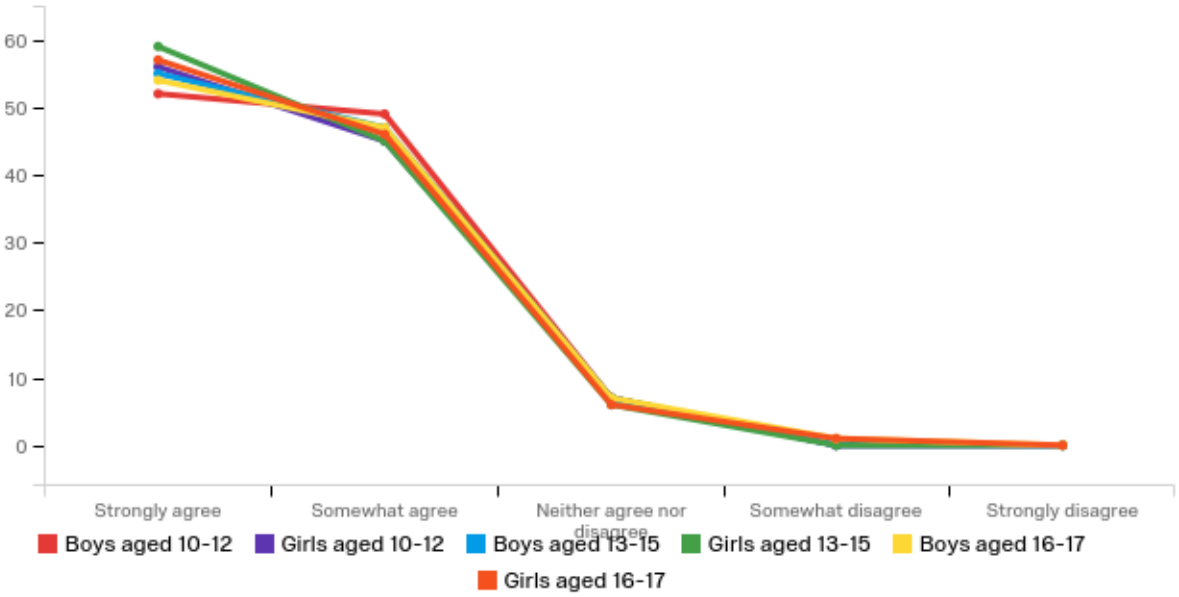
Table 2: I am confident that I can identify risks and factors that negatively affect the safety and well-being of:

	Strongly Agree
Boys aged 10-12	48%
Boys aged 13-15	50%
Boys aged 16-17	50%
Girls aged 16-17	52%
Girls aged 10-12	52%
Girls aged 13-15	54%

Additional text responses to this question (n=18) highlighted that confidence to identify risk for different age-groups related to professionals' level of experience with those different groups and/or training. There were also some comments highlighting: the challenges of assessing risk and managing adolescent's choices; adolescents' varying levels of self-awareness about risk as they get older; low rates of disclosure

from adolescents and risks to boys and young men being less frequently identified. This was perceived to be because boys are more likely to be seen as perpetrators of harm than as victims.

Figure 2: I am confident that I can identify risks and factors that negatively affect the safety and well-being of:



4.6 Professionals' confidence to respond to risks to children by age and gender

When asked about responding to risks faced by children of different genders and ages, respondents reported similarly high levels of confidence, albeit slightly lower than their confidence in identifying risk. Across all three age groups respondents were slightly less confident in responding to risks facing boys than girls, and slightly less confident in responding to risks facing 16-17 year olds than the other age groups – although, again, these differences were very slight.

Table 3: I am confident that I can respond to the risks and factors that negatively affect the safety and well-being of:

	Strongly or Somewhat agree
Girls aged 10-12	98%
Boys aged 10-12	97%
Girls ages 13-15	100%
Boys aged 13-15	93%

Girls aged 16-17	92%
Boys aged 16-17	90%

Text responses identified a variety of barriers to effectively responding to risk/harm experienced by adolescents including:

- organisational barriers (insufficient resources, a lack of post-18 services);
- cultural barriers (perceptions of boys as perpetrators not victims, adolescents not identifying themselves as victims); and
- developmental barriers (adolescent relationship to risk, readiness for disclosure, greater mobility, freedom and choice not to engage and the significance and role of peers).

'Once children are 16-17, you can only protect them if you can engage them. This is the challenge and mostly statutory bodies are not set up or resourced to do this.' (Survey respondent)

'From my experience, the response to males and older children is often harder to secure from formal processes than it is for younger children and girls. Standing in the middle it is deeply upsetting referring into services when you have seen these services compound risks, label young men as risks rather than at risk and make them complicit and responsible for their own risks…The number of 17 year olds I have worked with who have only just become ready to talk about abuse or change patterns of behaviour, but who you can't get resources for as they will soon 'age out' is a real concern, and does not recognize the failure of adults to keep the child safe in their younger years.' (Survey respondent)

4.7 Perceived usefulness of practices/procedures

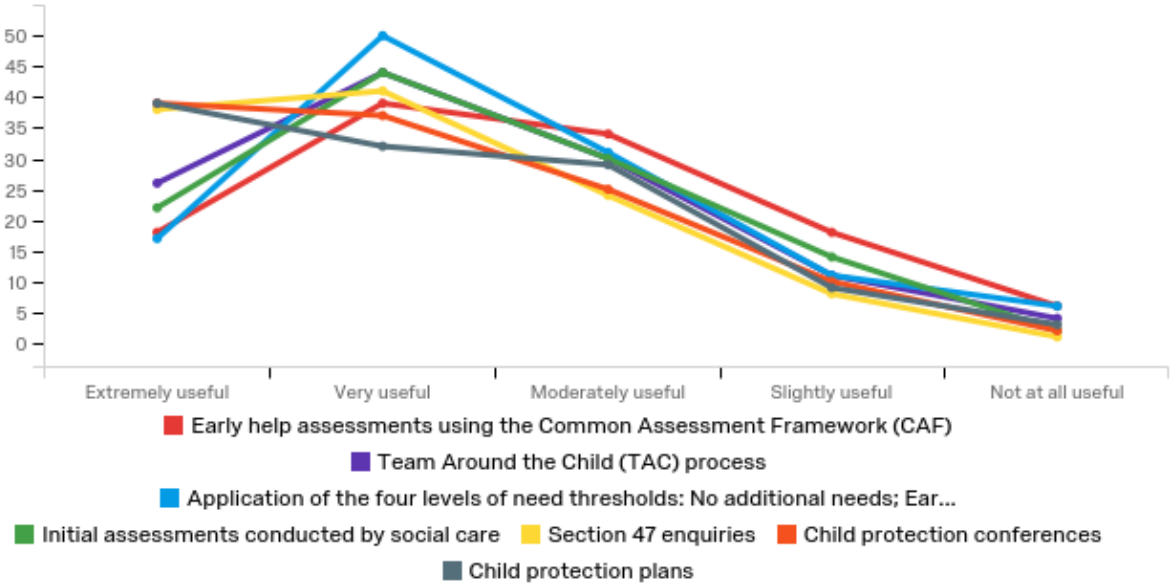
Respondents were given a list of child protection practices and procedures, and asked to consider how useful each is to professionals who respond to the safeguarding needs of adolescents. All tools were perceived to be useful, with a majority of respondents identifying each tool as either 'extremely useful' or 'very useful'.[5] Almost three quarters (71%) reported that Section 47 enquiries were either 'extremely useful' or 'very useful', while this figure was 67% for child protection conferences and 63% for child protection plans.

Although all tools were seen to be useful, early help assessments using the Common Assessment Framework (CAF) were identified as the least useful tool, with 50% identifying these as either 'extremely useful' or 'very useful, and 21% identifying

[5] For ease of reporting, 'extremely useful' or 'very useful' responses were combined. Combined, these responses made up over 50% of all responses in each category of tool.

these as either ‘slightly useful’ or ‘not at all useful’. Respondents were not given the option of elaborating further on their answers for this question. Unfortunately, this means we have no qualitative data to help make sense of these answers. Given the challenges already identified by respondents, we might hypothesise that the use of statutory tools like S47 enquires and CP procedures is necessary to ensure the effective safeguarding of adolescents.

Figure 3: Which practices or procedures are useful to professionals who respond to the safeguarding needs of adolescents?



Seventy per cent of the 115 professionals surveyed agreed that ‘Yes’ there were also other local or organisational processes that help professionals respond to the safeguarding needs of adolescents, with the other 30% answering ‘No’. Fifty-four professionals then responded to a follow-up question asking them to identify these local or organisational processes and explain why they are helpful to practitioners. Key areas are identified below, in order of how often they were referenced.

1. Multi-agency structures, panels and meetings (including strategy meetings and case/family conferences). This included both general and risk-specific multi-agency responses e.g. gangs, CSE.
2. Procedures, protocols, guidelines and flow-charts
3. Services (domestic violence, gangs, sexual violence, substance misuse, youth offending service and Redthread)
4. A variety of risk assessment tools (none mentioned more than once)
5. Signs of safety, the outcomes star and assessments that seek the child’s views

6. Supervision, support from safeguarding leads and training

4.8 Young people's views of practices and procedures

Fifty-two professionals provided answers to the question 'What have young people told you about which procedures and practices work well for them?' Eighteen respondents replied that young people had not told them anything. Of the remaining 34, the majority of responses focused on the quality of relationships, interaction and inter-personal practice rather than on procedures. Being listened to, included and having their opinions heard were key features of these responses. Professionals also reported that young people value having a named adult who was consistent, reliable and accessible, who can advocate for them. Some responses identified mentoring projects and community/youth workers as being particularly valued by young people. The remaining responses identified a range of other approaches or procedures valued by young people. This included: work to keep them safe (e.g. early intervention; access to domestic violence services; safe accommodation; education about how to be safe and child-protection processes); access to nurses; pastoral staff and counselling in school and practice that considered the whole family.

Where young people have told professionals about procedures/practices that are unhelpful these included a lack of good communication, thresholds for mental health support being too high, and schools not enforcing boundaries relating to peer on peer sexual abuse.

> *'When they are listened to and not having to tell their story over and over again.' (Survey respondent)*

> *'Young people report that having mentors available to them work. Having workers that are approachable who show they care.' (Survey respondent)*

> *'Often they like the initial Sec 47 response but feel on occasions that after assessment they are left alone.' (Survey respondent)*

4.9 Suggested changes to practices and policies

Seventy-eight professionals provided answers to the question 'What changes, if any, to practices and policies would improve professional responses to adolescents' safeguarding needs?' There was no consensus about what aspects of policy/practice needed to change, with a wide variety of responses being offered. Two themes that clearly emerged were improved multi-agency working and more resources. Responses concerned with multi-agency work highlighted the need for more clarity on partner roles and shared responsibility for cases, better and more proactive information sharing, and making use of the professional who has the best relationship with the child. In relation to services and resources, responses were concerned with high case loads and staff turnover in children's social care. They also identified the role of school nurses, the need for more safe placements and wider services with experience of effectively providing direct work with adolescents.

Other responses included the following:

1. Listening to and including young people in case planning, training, assessment and policy development
2. Training about safeguarding adolescents and thresholds for allocation or support (including for teachers and school governors)
3. A need to afford adolescents the same right to protection as younger children but be clearer about adolescent-specific development, risks, behaviours, needs, contexts and effective responses
4. Improved guidance and protocols in relation to specific risks (e.g. gangs, trafficking, drug/alcohol use, unhealthy relationships) and how to address multiple concerns, simpler referral pathways, better cross-borough processes
5. Improved assessment that considers family, wider context and indicators of both risk and resilience

'To value adolescents in the same way they value children. An understanding that adolescents need a different response to meet their needs.' (Survey respondent)

'More clarity about the procedures for the different concerns and what to prioritise when there are multiple competing concerns. More clarity to partner agencies regarding their roles and what they need to be considering when trying to identify young people at risk of harm.' (Survey respondent)

4.10 Supporting adolescent engagement in child protection processes

Seventy-seven professionals replied to the question 'Professionals often say that it is difficult to engage adolescents in child protection processes. What can change to support adolescents' engagement?'

Twenty responses focused on the way that respectful attitudes to young people are demonstrated in communication which improves their engagement. They described the value of allowing young people to speak and lead (including in meetings and delivering training). Professionals also highlighted the positive impact of spending time explaining child protection processes (as well as issues around risk and confidentiality) in open and straightforward ways that avoid making promises that can't be kept. Twelve professionals described the importance of adolescents having access to consistent support from the same people, and highlighted the importance of addressing high staff turnover. The creation of trusting relationships is seen to create a positive context for adolescents to disclose the harm they may be experiencing. Other approaches that were highlighted are below.

- The use of peers and peer mentors in creating child protection plans and undertaking direct work
- Training on working with adolescents for front-line professionals (including the use of appropriate language and a flexibility of approach)

- The use of services that work relationally, and can advocate for and engage adolescents
- The need for physical spaces/drop-ins where adolescents can build relationships with professionals and that create better conditions for trust and disclosure
- The importance of working with adolescents, and responding to their needs

'Better use of advocates. More adolescent-friendly information being provided at the start of assessments etc. regarding what the process entails and their role in this.' (Survey respondent)

'Being open and honest, giving them the opportunity to describe their circumstances and outline what they think will work well for them.' (Survey respondent)

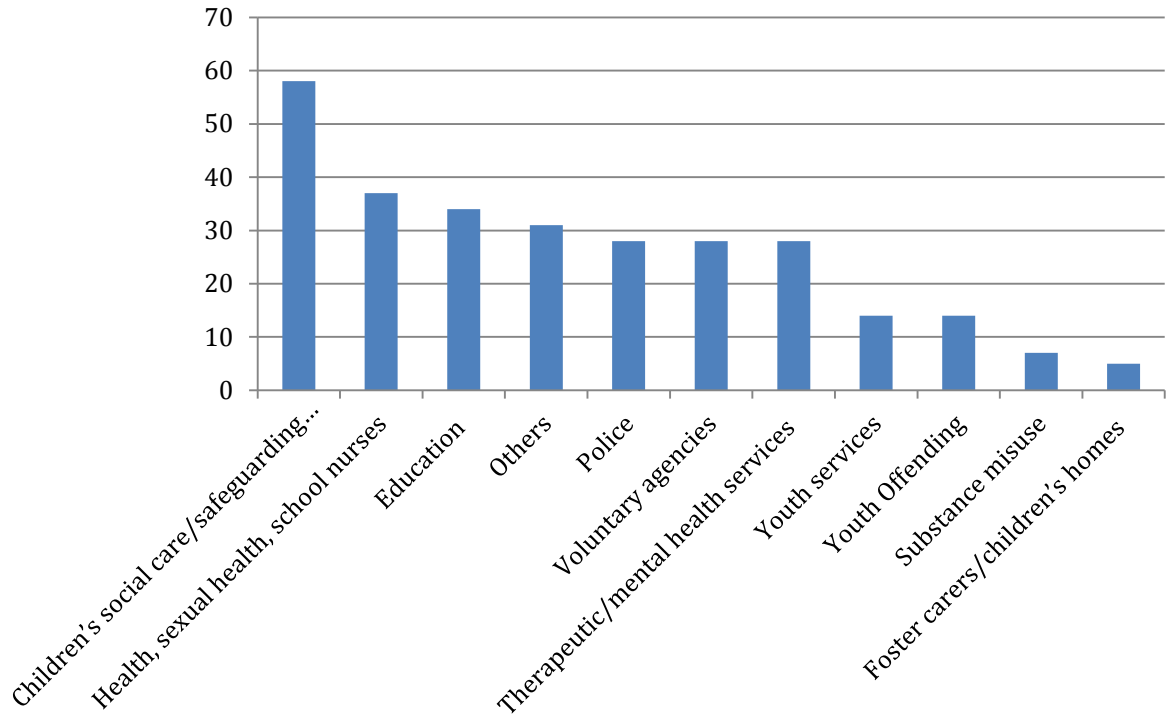
'Speedier responses to risk whilst investigation is on-going e.g. provision of safe accommodation, more time to develop meaningful relationships in which young people feel safe to disclose risk. Sometimes children are not helped because they will not provide full information e.g. a young person that is stabbed but does not say who did it.' (Survey respondent)

4.11 Partnerships

Survey respondents were asked to list the partners they currently work with to safeguard adolescents. They were free to describe these agencies themselves, making it difficult to categorise all the answers effectively. Eighty-two professionals responded, and the most frequently identified partners were children's social care/ safeguarding or multi-agency teams (n=58), health, including school nurses (n=37), education (n=34), police (n=28) and voluntary agencies (n=28). Others included: sports organisations, sexual health, immigration, educational welfare, IDVAs, community safety, prevent workers, gangs workers, early help, probation/courts and housing.[6]

Figure 4: Which partners do you currently work with to safeguard adolescents?

[6] Independent Domestic Violence Advocates



Professionals were then asked which partners they would like to work with to safeguard adolescents and in what circumstances. Fifty nine people responded, identifying the following types of service/agency.

- Youth work, including a focus on sexual health/safety and potentially based in A&E settings (n=7)
- Schools, including integrated services with a focus on mental health, prevention and early identification (n=6)
- CAMHS/mental health workers as part of a Team Around the Child (n=6)
- Children's social care (n= 5)
- Community organisations (n=5)
- Police – in a more proactive partnership (n=4)
- Health, including sexual health and substance misuse (n=3)
- Others, including: parents/families; young people; Young Minds; Home Office; Youth Offending Teams; FGM practitioners; Housing; Homelessness prevention; Community Safety; Advocacy; Gangs workers; Safer London; CEOP - Think u Know, nia.

'We need more engagement with the schools as it is patchy and very challenging to get them to work with us and jointly support the young people.' (Survey respondent)

'Hospital social worker 24 hours a day based in the hospital.' (Survey respondent)

'The quality of the partnerships is more significant than who is around the table. If all the right people are there but it's a change to pass over responsibility and point out how the case does not hit your threshold or is outside your priorities it will have no effective result for the child that has been identified as requiring support.' (Survey respondent)

4.12 Local examples

Finally, professionals were asked whether the borough they work in is developing any specific strategies or practice approaches for safeguarding adolescents. Of the 98 respondents, 58% said that the borough they worked in was developing specific strategies or practice approaches for safeguarding adolescents, with 37% answering 'Don't know' and 5% saying 'No'. Thirty-six people provided further details of these strategies or practice below.

- 'At-risk' or 'vulnerable adolescent' panels (n=9)
- Other multi-agency meetings/teams e.g. MASH/MACE (n=7)
- Integrated responses to two or more of CSE, missing, trafficking, domestic violence, county lines, prevent, modern slavery (n=7)
- Strategies focused on specific risks or adolescence in general (n=4)
- Training (n=3)
- Task and finish groups e.g. CSE and 16-18 year olds (n=2)
- Completed/planned review of child protection procedures, plans and conferences for adolescence (n=2)

Other (i.e. specialist staff, hot spots analysis, early intervention, drop in clinics, suicide prevention strategy, school health services, making meetings more inclusive, group work, residential trips, good procedures around leaving care, engaging with both parents, domestic violence work, signs of safety, and use of the contextual safeguarding approach).

5. Implications and questions for the LSASG to consider

1. There is relatively high confidence amongst this sample of the workforce when it comes to safeguarding adolescents. However, the survey also shows that the contexts in which adolescents' can experience the most risk are those where professionals are least confident identifying and responding to harm - i.e. peers groups, neighbourhoods and online.

   How can professionals become more confident identifying and addressing risk to adolescents in these wider contexts?

2. Case experience, peer support and training appear to underpin professionals' confidence, and one survey comment suggested that adolescent-safeguarding specialist roles would strengthen workers' confidence further.

How can professionals get greater experience, peer support and training in relation to these contexts?

3. Procedures are reported to be weakest at addressing risk to adolescents in contexts beyond the home/family. The data suggests that professionals may be identifying risk that they do not feel supported to address by procedures.

   What steps should be taken to improve the adequacy of child protection procedures for addressing risk to adolescents in these contexts?

4. Section 47 enquiries and child protection conferences/plans are perceived to be extremely or very useful by the majority of respondents. This is interesting given that child protection approaches have sometimes been critiqued as being inappropriate for adolescents. This may indicate that statutory procedures are relied upon to trigger information-sharing and appropriate action being taken to safeguard adolescents.

   How do professionals use safeguarding and statutory instruments in the process of safeguarding adolescents? What are the implications of this for improving these instruments/procedures?

5. Many of the issues highlighted are familiar across children's services. These include: challenges with information sharing, multi-agency working and high caseloads that prohibit consistent direct work with children and young people.

   What are the opportunities/contexts for these concerns to be addressed?

6. There is appetite amongst professionals for guidance, support and training that acknowledges the particular dynamics of adolescence, and how these can impact safeguarding practice.

   How can the LSASG support the creation of tools/resources and approaches that recognise the distinct dynamics of safeguarding adolescents?

7. Professionals identify need for improved multi-agency work with schools, CAMHs and social care, as well as the value of co-location, accessible services and peer mentors.

   What are the implications of the survey for commissioning and multi-agency working?

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