
Making Safeguarding Personal Toolkit

Case Example 15:

Transitional safeguarding -
adolescence to adulthood





Case Example

Kelly identifies as Black British. Kelly became pregnant just before her 16th birthday. At that time she was receiving support from children's services due to concerns about her 'risky behaviours'. Kelly had suffered a significant bereavement (her brother) soon after starting secondary school and a serious sexual assault a few months later. She was seeing a counsellor briefly to try to address her feelings of anxiety, but stopped attending these sessions in Year 10, saying she preferred to 'talk to her mates'. Professionals were concerned these friends were a negative influence.

Kelly was known to be using drugs and was reported missing several times during her teens. She was believed to be at risk of sexual exploitation, and her father believed the father of Kelly's child was an older man who had groomed her. Kelly would not comment on this during any assessment with professionals. Kelly's first baby was removed and adopted, after it was determined there was no one within Kelly's immediate or wider family who could care for the child. Kelly blamed her parents for this; she felt they had "Told social workers stuff that made them think I was a bad mum." Relationships within her family became very strained and she left home aged 17 soon after her first baby was adopted.

Kelly is now 19 and pregnant with her second child. She is not in contact with her parents or any other family members. Whilst initially excited about her second pregnancy, when she found out that children's services would again be involved Kelly became very upset and her self-care deteriorated. Her engagement with ante-natal care reduced and her drug use increased as she struggled with her fear of losing a second baby to adoption. She continues to grapple with social anxiety and says that smoking cannabis is the only thing that helps her to manage it.

Kelly denies she uses other drugs, but her landlord disagrees. He has reported her to the police for having drug dealers at the property and her tenancy is now at risk. She agreed to meet with local drug and alcohol services, but did not attend the first appointment. She was referred for counselling via her GP, but there is a long waiting list. It was calculated that at one point there were twenty agencies involved with her. Her case file states her engagement with some services has been sporadic and that she often does not engage at all, which further increases children's services professionals' concerns about her ability to provide a safe environment for her baby.

Source: RiPFA Strategic Briefing: Transitional safeguarding – adolescence to adulthood Appendix 2
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www.ripfa.org.uk/resources/publications/strategic-briefings/transitional-safeguarding--adolescence-to-adulthood-strategic-briefing-2018



Questions for reflection

- > What support could potentially have helped Kelly earlier in her life - from professional services and from her personal networks?
- > What might a trauma-informed response to Kelly's situation look like? What's available in your local area to support this kind of approach?
- > How might the approach of professionals in Kelly's life now serve to escalate or de-escalate the risk of her baby being removed from her care?
- > What exists locally for young parents who have experienced adversity in their childhood? How effective are these initiatives/services and what would strengthen them?
- > How can the concerns of professionals be communicated to Kelly in a way that is fair, humane and recognises her previous experiences?
- > How will Kelly know that she matters as well as her child?