

THURSDAY, 13 MARCH 2025

Surrey's Adolescent Service

Executive Summary:

1. Adolescents represent the largest growing age group in need of child protection and care, often facing complex needs and vulnerabilities, including poor mental health, exploitation, and trafficking. We are starting to realise the full impact of the pandemic on this vulnerable group. Adolescence is a critical phase for young people, marked by exploration and identity formation; as they navigate this transitional period, they encounter both opportunities and risks. Our strategic partnership approach in Surrey recognises the unique challenges adolescents face, particularly concerning extra-familial harms, and the multi-agency response needed to protect and support them.
2. We aspire for Surrey to be a place where all children and young people are healthy, happy, and safe and no one is left behind. Our partnership is dedicated to a clear, data-driven approach that outlines anticipated outcomes, ensuring that services are aligned and consistently applied to support adolescents experiencing multiple and/or complex needs effectively.
3. Following the Ofsted ILACs inspection in January 2022 and the Joint Targeted Area Inspection in Early Help in March 2023, the Partnership has undertaken an extensive review and reform of our approach to adolescent help by integrating a number of services supporting young people into one adolescent service, with a view to providing a more holistic and partnership-based service delivery. This restructure took the unusual step of departing from our more usual quadrant-based delivery model and instead created three area-based teams in Surrey (North, East, and West) to align with police divisions and enhance collaboration with the police's Child Exploitation and Missing Unit. This reflects the way the harms facing adolescents are much more likely to be those that also require police involvement. A Central Hub was also established to oversee the county-wide response to Extra Familial Harm. This model sets the stage for developing Family Help services, as recommended in the social care review [Keeping children safe, helping families thrive](#). For a summary of the planned reforms please refer to Annex 8 (exempt).

4. One of the key drivers for the new Adolescent Service is to align the key principles of early help services by providing the “right service at the right time” and the notion of “bringing together a co-ordinated approach to multi-agency support” for vulnerable young people under the umbrella of extra familial harm, contextual safeguarding, exploitation & mental health. The Adolescent Service brings together an early help and statutory response across the intensive and statutory domains the Continuum of Support.
5. Initial data from the newly implemented Adolescent Service shows promising improvements, interagency collaboration, and responses to extra-familial harm. Specifically, risk and vulnerability management processes have improved the quality and consistency of our Safer Planning across the county, with increased attention to young people's voices and targeted safety and disruption actions. Missing child processes have also seen improvements in Return Home Interviews being completed and improved quality of those interviews.

Purpose of report:

6. This report will provide an overview of the new adolescent service which was introduced in June 2024 and was an amalgamation of Safeguarding Adolescents Team, Targeted Youth Support and No Wrong Door. This report will detail why the change was needed, what the new service does and the impact that it has already made as well as plans for further development.
7. This report outlines areas of development for the integrated Adolescent Service, including: deeper embedding of the practice model within locality teams, ensuring consistency and quality in recording and performance; enhanced training and support for practitioners in using the Safer Plan tool, focusing on incorporating the child's voice and developing SMART, trauma-informed actions; improved data collection and analysis tools for missing children and youth homelessness; further development of the Adolescent Performance Dashboard and the LCS/EHM (Child Record Management System) Extra Familial Harm pathway; and full integration of the Council's Youth Offer Service into the Central Hub.

Introduction: The need for change
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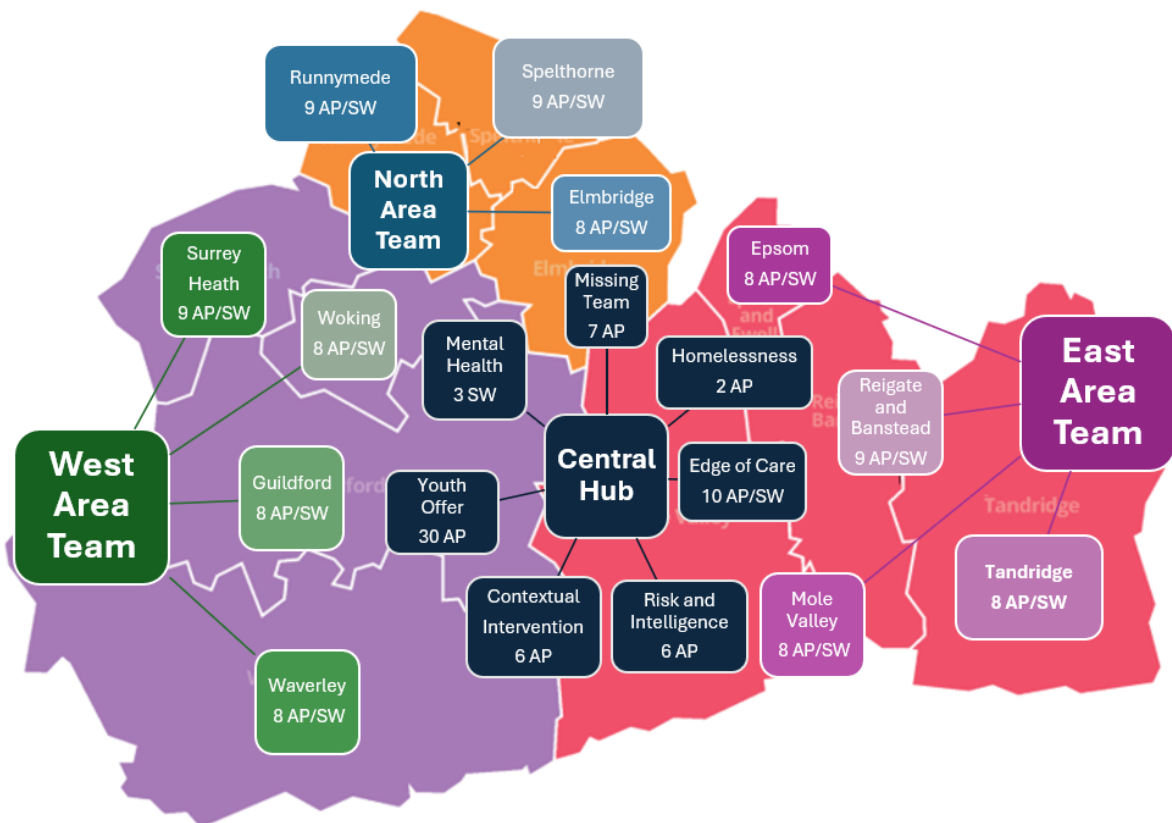
9. In the last year the Safeguarding Partnership has undertaken an evaluation of support for adolescent young people which established that services designed

to respond to complex adolescent and family challenges were extensive, with some significant strengths in our Youth Justice Service, multiagency co-located health and social care services including Hope, Children’s Crisis Service (formerly CCISS) and embedded Mental Health Social Workers. There was already a substantial adolescent social work offer, a large, targeted youth offer, and three dedicated police child exploitation and missing units. Despite the availability of these resources, some children and families experienced multiple handovers, changes of professionals involved in their lives and the frequency of support provided was not always in line with the presenting needs.

10. Consequently, services have been reorganised and repurposed into an integrated Adolescent Service model. We have implemented the formation of a central hub, area-based teams that align with our partners (Police Divisions and Districts and Boroughs), and a streamlined risk and vulnerability management (RVM) process that is underpinned by a clear infrastructure.

11. This new model will ensure that we intervene early, prevent unnecessary escalation into statutory services and support children to remain in their homes rather than coming into care.

12. The diagram below shows the new areas aligned with police divisions and the teams in each of the areas with FTE staff numbers. AP/SW relates to Adolescent Practitioner and Social Worker. Please note that the numbers of



staff relate to our establishment and not the actual numbers of staff which are less due to vacancies.

Adolescent Service Area Based Teams:

13. Our long-term vision is to establish area teams that bring together professionals from different disciplines including Police Officers, Social Workers, and Therapists under the umbrella of a single adolescent service. This vision places the child or the locality where the harm is occurring at the centre, with services wrapping around them seamlessly, eliminating barriers, handovers, or internal referrals. Services will be drawn together both strategically to provide oversight and to unlock any issues preventing the implementation of a child's safer plan and operationally, as part of a team around a child or family. The Intensive Intervention arm of the central hub will work alongside the area-based teams, to provide holistic, wraparound support to children across the practice system—whether they are engaged in Early Help, Assessment, Family Safeguarding, or Children Looked After. This intervention will be relationship-based, which we see as central to ensuring effective and meaningful involvement.
14. Children will receive support from the Adolescent Service via a request for support received by the CSPA (Child Single Point of Access). These requests largely come from police, health, and education. The CSPA will undertake their triage and decide if the adolescent service best meets the presenting needs of the young person or if it needs to go the assessment service. The Area Based Team will then start their intervention and then it is at this point that the other services in the Central Hub can also provide support. In addition, the Central Hub works across the whole of the practice system to provide specialist and/or additional capacity.
15. We have established a solid foundation for our work with adolescents experiencing extra-familial harm, grounded in our safer approach, focusing upon strengthening collaboration and integration. This ensures that a child has one 'safer plan' that brings everyone together to work with and for the child, increasing their safety and reducing risk. The Safer Plan is quality assured by the Central Hub and then reviewed at RVM which ensures that across the county there is consistency in the quality and impact of plans. This approach has already led to positive examples of disruption of adults seeking to exploit children and tangible improvements in safety, demonstrating the power of collaborative, partnership-led working.
16. The work of the area teams is led by a Children's Service Manager who directly oversees the Risk and Vulnerability Management process for their

area, in partnership with a Detective Inspector who oversees the Child Protection Investigation Team and Child Exploitation and Missing Unit for that locality (they jointly chair RVM). They share the overall ability to task all police and social care resources across the area (North, East, West) to ensure plans are active and impactful. This work then feeds directly back into the central hub for quality assurance, data collection and building of our Surrey wide picture through strategic mapping.

Adolescent Service Central Hub:

17. The central hub is integral to the implementation of an integrated approach to meeting adolescent and whole family needs. Children are allocated a practitioner from an area team and if their need alters and evolves, supplementary and/or additional support is provided through the central hub, enabling key relationships to be preserved and swift and specialist intervention provided to children and families when required. The entire system is working collectively and collaboratively to meet the needs of our young people.

Missing

18. The Missing Team undertakes the direct delivery of Return Home Interviews (RHI's) along with colleagues in the regional hubs. A Return Home Interview is a statutory intervention that local authorities have a duty to undertake within 72 hours of a young person returning home. Its key purpose is to understand why the child went missing and to provide help and support to prevent further missing episodes.

19. The team also assists in compiling and maintaining detailed missing data, upskilling and development for adolescent practitioners on the expectations around missing episodes, including ensuring the relevant recording is completed within agreed timescales. The team also supports the risk and intelligence function in compiling detailed locations and thematic data relating to missing children.

Edge of Care

20. The Edge of Care function responds in real-time to crises in-family and support in those circumstances where there is a risk of a child coming into care and where 16/17-year-olds are at risk of becoming homeless. This team is agile and can mobilise quickly in order to mitigate the likelihood of adolescents becoming displaced through inter-familial conflict. This function

works closely with the lead for Youth Homelessness to ensure staff are skilled in providing effective and up to date advice and guidance.

16/17-Year-Old Homelessness Prevention

21. This team is comprised of the Homelessness Lead and one adolescent practitioner with the remit of supporting the lead in their role providing practical support, advocacy and advice and guidance to other professionals. In addition, the Homelessness Lead is responsible for maintaining and updating policies and procedures, undertaking staff development work, and driving standards across the county. This team works closely with the Edge of Care team in trying to ensure as best as possible that children in crisis with their families do not end up presenting as homeless.

Contextual Intervention Support

22. The Contextual Intervention Support team undertakes work at a community level with partners, children, and families to understand the harm to children and then puts in place measures with partners to increase the safety for children and disrupt harm within that locality. This could involve action by licensing to prevent alcohol being sold to young people by a local newsagent, a Child Abduction Warning notice being issued by the police to an adult who we are concerned may be exploiting a child or housing undertaking a partial closure order of a house that is being used to exploit children.
23. The Intervention Support function also supports the risk and intelligence team in devising effective actions from mapping exercises and is responsible for maintaining a consistent approach in the use of tools and resources for addressing context-based problems and sharing and compiling useful information to support the data picture across the county. They also undertake intervention support to the regional hubs, special projects designed to impact on existing Extra Familial Harm issues and staff development in the use of contextual resources.

Risk and Intelligence

24. The Risk and Intelligence team has the combined purpose of supporting the regional hubs with the management of their most high-concern children, supporting the risk and vulnerability management (RVM) function and providing direct short-term interventions for children and leading on the service approach to mapping problematic locations, groups and other contexts where exploitation is present.

25. The staff of the Risk and Intelligence team also supports the district and borough risk management functions by attending JAG (Joint Action Groups) and / or CHaRMM (Community Harm and Reduction Management Meetings) meetings and ensuring that actions carried through the RVM meetings are held locally by these functions.
26. This team is also responsive to requests for support with 'mapping' groups of children within an area. This work is important as it helps build an understanding of the networks of young people within a local area and the adults that are harming them and brings together practitioners from different services, areas, or authorities to plan how we can work together to intervene more effectively.

Youth Offer

27. The Youth Offer provides a comprehensive range of support and services, including emotional wellbeing and mental health support through drop-in sessions, targeted group work, phone line support, and one-on-one support via the CYP Havens programme. The targeted nature of the youth offer provides support to children mostly known to children services. It is different to the model of universal open access youth provision which is now provided by the voluntary sector across Surrey.
28. Targeted community-based interventions focus on areas of need such as LGBTQ, SEND, and young carers through evening sessions and is largely provided on a referral basis. Support for vulnerable and at-risk young people includes outreach to at-risk youth in police custody, direct referrals from lead workers, and targeted outreach based on contextual assessments. Outcome-focused interventions align with the young person's existing plan and multi-agency support. Additionally, targeted youth work provides allocated youth workers, small group project-based interventions, and one-to-one relational youth work and partners with the Youth Justice Service to facilitate community reparation, unpaid work projects, and court order activity hour requirements.

Mental Health Pathway

29. Improving the intervention for children and young people experiencing multiple and complex challenges with their emotional wellbeing and mental health; by refining the management of demand to ensure the right support is delivered by the best placed service at the right time, clarifying pathways and roles, commissioning training and development for practitioners across the system, developing and embedding shared language and a culture of improved confidence in responding proactively to support improved mental health for our young people.

30. Mental Health Social Workers (MHSW) are embedded in Adolescent Service Central Hub, where they will retain links into the 3 area-based Adolescent Services and the 3 corresponding Mindworks hubs. This support can also be accessed by practitioners in the assessment and Family Safeguarding Teams. The MHSW offer will refine its package of support to social workers where there are children who have attended A&E due to self-harm or suicidality, are detained under the Mental Health Act, are eligible for s.117 aftercare, or have experienced a bereavement because of suicide – including swift network response where there is potential risk of contagion (multiple linked suicides).
31. The MHSW's attend multi-disciplinary meetings with colleagues in the Mindworks hubs and can request an urgent mental health assessment for children in crisis. Work is ongoing to improve links with the broader network of Mental Health services in Surrey, through a series of partnership events and development of a multi-agency triage model.
32. The Adolescent Service is working with Public Health and colleagues in Surrey & Borders Partnership to develop Suicide Prevention Plans, facilitating joint workshops and responses to emerging issues on children's mental health and developing a package of training in trauma informed practice. This affords the opportunity for strengthening the response to the children in crisis and providing a joined-up response to their health and social care needs. In addition to this the MHSW team will be developing a package of training and resources aimed at ensuring frontline practitioners feel confident and competent in responding to concerning mental health presentation in the context of their roles and where they have existing good relationships with children.

Systems to support young people at risk of Extra Familial Harm

Risk and Vulnerability Management (RVM)

33. The Risk and Vulnerability Management (RVM) model is a process through which Surrey and its partners respond to identified extra familial concerns. It is a partnership response where all agencies provide containment, scrutiny, and support to achieve collaborative intervention.
34. The risk and vulnerability panels use an updated agenda that brings together any incidents of note, children, adults, contexts, data, and themes. This information is utilised to better understand locality-based risk and harm and inform the safety and disruption planning required for those (likely to be) impacted. Feedback to the central hub assists in developing the Surrey wide

picture. The central hub interventions teams assist in initiating contextual safeguarding assessment, linking with partners as detailed below.

35. RVM 1 - Initial multiagency review takes place within the Central Hub led by CEMU Sergeants and Central Hub Team Managers, Health and Education partners and liaison with District and Borough Services. RVM 1 aims to review and strengthen all assessments and plans that are due to be heard at RVM 2 with the practitioner. The outcome of review is to either progress to RVM 2 or that further information is needed. Where there is emerging risk, it will be held at RVM 1.
36. RVM 2 - This is a bi-weekly multiagency panel that takes place across the three Surrey divisions, North, East and West. The panels are co-chaired by the area Adolescent Service Manager and CEMU Detective Inspector. Meetings follow a VOLT framework, focussing on Victims (Children), Offenders (Adults), Locations (Contexts) and Themes. Meetings need to be assured that plans in place have recognised risks and harms, are proportionate and robust, and are delivering increased safety including the disruption of harm. This relates to a child, adults, or an identified location.
37. Strategic RVM - This group is chaired by the Detective Chief Inspector – Complex Abuse Unit & P-SPA across Surrey and has an overview of all RVM activity to ensure that it is being purposeful and timely, that children are being supported appropriately and that where strategic support is required that this is being delivered and that as a partnership we are doing all we can to build safety and disrupt harm for some of our most vulnerable adolescents.

Mapping and Intelligence

38. Over the last year we have also developed our tools to help us map and understand key locations of risk to support intervention. This data helps us to identify trends, we can also overlay this with other details regarding crime, school attended and then look at specific locations or addresses (children's homes) to see if there has been an increase in the number of young people going missing from this address.

Partnership Working

39. The Adolescent Service has developed effective working relationships with our key partners from schools, health, and police. We are in the process of delivering training to these partners on the new service and our response to Extra Familial Harm which will include specific training for school DSL's,

police, health, and other colleagues. All these partners play a key and active role in RVM across all levels. We have aligned our services to mirror the police divisional areas to improve closer working and a better response to vulnerable young people.

Impact

40. The Adolescent Service has been operational since June 2024. During this time, we have been establishing area teams within localities and developing the key principle of our work together. There have been some challenges with respect to recruitment in certain parts of the county. However, what we are seeing is the positive impact for the area teams that has been brought about by bringing the early intervention and safeguarding responses together, so that we can provide wrap around support for children and families and reduce the transitions between services that used to exist. We are also introducing Risk Outside the Home Child Protection conferences across the county and are now seeing children moving seamlessly between Early Intervention and Statutory teams which is an area we will continue to build on, in line with national reforms.
41. The Adolescent Service is currently supporting 1,018 children. Of these 56 are supported by child protection plan, 192 are on a child in need plan, 40 are a child looked after, 609 are receiving early intervention and 123 are currently being assessed to ensure that they receive the right support. To date the Adolescent Service has contributed over 300 successful outcomes to the national Supporting Families programme in the programme's final year.
42. We have also developed the way networks come together within the area teams to support children and create positive change. We have been able to share areas of good practice by bringing those teams together and have been able to learn from each other, refine skills and offer a more specialist approach to those children and young people where extra familial harm is the concern.
43. Risk and Vulnerability Management (RVM) – RVM has now been operational across the county since November 2024. As of February 2025, there are 92 children who are vulnerable to or experiencing Extra Familial Harm. Of these 13 are to be heard at the next RVM, 38 have emerging concerns, 24 have medium concerns and there are 17 children who are at high risk of extra familial harm.
44. Already we are seeing a significant improvement in the quality of the Extra Familial Harm Assessment and Safer Plans that are being reviewed. Through

recent audit work we saw increased evidence of the young person's voice within them, alongside specific actions to increase safety and disrupt harm. This is a significant improvement on previous plans where the young person's voice was not captured, and actions were neither specific nor robust. The partnership is also reflecting that plans are now much more detailed and there is more oversight of actions and in general the partnership is working together much more effectively to consider the vulnerabilities of the child, the adults that may be seeking to harm them and the locations where this may be occurring.

45. Edge of Care - The Edge of Care team have worked with 107 children and families since it went live in June 2024 until the 14th of January 2025. Of these:
- 5 young people have become looked after and remained CLA: 4.67%
 - 5 young people were subject to Section 20 (Provision of accommodation for children who can no longer live with parents) at point of referral and supported by Edge of Care intervention returned home: 4.67%. This was achieved within an average timeframe of 8 weeks.
 - 4 young people were in care subject to Section 20 at point of referral and remained in care, despite intervention: 3.74%
 - 4 young people have been engaged in Edge of Care intervention and been made subject to Section 20 and are in process of being reunified home: 3.74%
 - Out of the 4 who are in process of being reunified home, 3 are on course to meet the 8-week planned transition and 1 will require longer term support due to complexity of need.
 - 89 of the active referrals have remained out of care with Edge of Care intervention
46. Officers are working with finance colleagues to calculate the financial impact of the preventative measures of the Edge of Care team to calculate what the costs would have had the children become looked after and how the savings (cost avoidance) are reflected in the Medium-Term Financial Plan (MTFP). This includes the calculation of the potential costs of expenses which relate to the type of placement, foster care, residential care, Social Work time and any other associated costs.
47. Missing - Following the setup of a new Missing team for at-risk missing children, we have seen improved Return Home Interview (RHI) completions. The quality of our RHI's in adolescent services has also improved as evidenced by feedback from partners. On several occasions, the quality and depth of the RHI has meant that the police have been able to begin exploitation investigations. In January we completed 71 Return Home Interviews, and we now have the reporting tools which enable us to track our progress on the completion of these return home interviews within 72 hours.

This has led to a 25% increase in RHI's being complete in 72 hours over the last 3 months and now stands at 69% which is 9% higher than the national benchmark of 60% (Missing People).

48. The Central Hub currently have 5 location assessments in progress across Surrey, focusing on different aspects of extra-familial harm, ranging from criminal exploitation to sexual harm in a community residential setting. The team are also in the process of reviewing an existing location assessment, to understand the concerns and issues for young people and residents in these areas. We have screened a further location in Horley, where the team were able to assert that extra-familial harm was not a significant factor and fed this back to the referring Community Safety Joint Action Group for an alternative response to be sought.
49. The Central Hub have worked to improve the efficacy of mapping processes, and this will assist significantly with the completion of contextual peer group assessments. The Central Hub and wider adolescent service staff have supported 6 British Transport Police and Surrey Police Operations with partners, where we have been able to provide real-time safeguarding information and diversionary work with any children stopped on the rail network who may be at risk of or experiencing modern slavery through exploitation.
50. Staff are now integrated into the district and borough JAG (Joint Action Group), CHaRMM (Community Harm and Reduction Management Meetings) and SOCJAG (Serious Organised Crime Joint Action Groups) meetings, ensuring that safeguarding in context is being emphasised in these fora regularly and the idea of designing in safety is being considered as an alternative to designing out crime. This also ensures that information is transferred more efficiently to and from RVM2 in a timely way and which allows for robust monitoring and oversight of tasks.
51. The Central Hub are also supporting a number of education providers with awareness around extra-familial harm, building safety around students who may be vulnerable to extra-familial harm or abuse, support for parents of adolescents in understanding and responding to concerns around internet safety, online grooming, and safer use of mobile phones.
52. For further evidence of the impact that the Adolescent Services are starting to make please refer to the case studies detailed in (the exempt) Annexes 1 to 8.

Areas of development

53. Locality based teams are working on embedding the practice model in greater depth, ensuring everyone is clear about practice expectations. Ensuring that we are working with the right children at the right time, achieving consistency with performance balanced against quality recording. We are also developing our approach of 'writing to the child' and ensuring that the young person has agency and a voice in their plans.
54. In November, a review of the 86 young people who are open to RVM showed that their Safer Plans were of varying quality. The key elements that we want to see within the plan is evidence of the voice of child and that it is their plan – customised to their specific needs and experiences. We also want to see very specific actions that focus on identified extra familial harms and look to build safety for the child and disrupt harms within their locality.
55. The Missing Team now has accurate data with which to monitor our performance against our statutory responsibility to complete a Return Home Interview within 72 hours. Our key next steps are to ensure that all young people have an RHI form completed, and that a greater proportion of these are completed within 72 hours. The Missing Team will also develop the support and training offered to our foster carers on supporting young people who regularly go missing and work more closely with Surrey's children's homes to ensure that effective support is given to young people who frequently go missing.
56. We are working on improving the efficacy of practitioners updating LCS regarding the housing status of 16/17 year old children, so we can accurately monitor and support those who are presenting as homeless, at risk of homelessness or in a precarious housing arrangement.
57. Adolescent Performance Dashboard - The Performance & Intelligence Team have developed a dashboard so we can ensure that key performance metrics are being met, and we are measuring impact. This product is evolving, and we are confident that as it becomes more refined it will become a vital tool in helping us clearly understand the impact, quality, and direction of our work.
58. LCS/EHM (Child Record Management System) Extra Familial Harm pathway – A pilot project was completed and reviewed, and we are now embarking on re-designing the pathway. This pathway will embed the EFH Assessment and Safer Plan within LCS/EHM and enable the effective review of plans, sharing with others and greatly improve our data analysis of children experiencing EFH.

59. At a systems level we are looking to integrate the Youth Offer Service into the Central Hub by ensuring that we have joint consultations so we can offer a tailored package of support to young people that could include group based interventions provided by the youth offer, one to one support from the Edge of Care Team and local contextual assessments in the community where the young person is coming to harm.
60. Children missing education is a key priority for the Adolescent Service and there is on-going collaboration with Education Services to help us provide effective support within the context of such a large and complex system of needs, processes, and relationships. Key to this will be the development of our partnership working with the Virtual School.
61. Embedding of the new multi-agency Missing Protocol.
62. Co-design of the service with children, young people, and their families. The Adolescent Service collates feedback from children & families to inform the development of the service. However, we would like to develop this further and bring groups of young people together so they can help us review and plan the service moving forward.
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Report contact

Jan Smith Service Manager Adolescent Services

Contact details

07930 192 851 jan.smith@surreycc.gov.uk