



Case Study One

M is 18 yr and lives in a village with limited transport links. M relies on her single mum who works full time to transport M where she needs to go. M has Asperger Syndrome and had an EHCP. M left secondary school with one GCSE and in further learning has gained her Maths and English GCSE. M has suffered with anxiety since entering her teens and now also struggles with depression due to increased isolation and lack of friends who have either moved out of the area or at University etc. M has had a poor educational experience and refuses to consider further school/college placements.

Risk Category	Risk Factors	Interacts with risks produced in these other categories
Structural Factors	M will lose support from her EHCP because this support can only be accessed if M is in a college environment. Transport links have been reduced.	Transport issues mean accessing support, work, or training is a significant barrier. Compounds personal challenges with mental health because the closing of the EHCP means M feels that support has been taken away despite that support still desperately needed.
Institutional features of school/work	M had a poor school experience only accessing an EHCP in Year 11. Her Asperger was not supported appropriately, and M considered naughty rather than to have SEN.	Impacts Social Relationships: M's poor school experience mean she feels let down by adults who she feels should have been more supportive. She is now reluctant to trust adults to provide the supports she needs. Interacts with family circumstances. Parents feel 'let down by the system' and don't know where to turn next for help with M

Social relationships	M's BF has moved several hundred miles away. Her friendship group at school have moved on and M feels isolated and left behind.	Adds to personal challenges of depression. Since leaving school 2 years previously M has been out with friends less and less, the previous year less than 5 times. M stays at home in her room while mum goes to work.
Family Circumstances	Family break up in her GCSE year further impacted M's anxiety. Complete breakdown of her relationship with her father means M is very anxious around male authority.	Interacts with personal challenges. Parents have always been supportive of M but her father struggled to understand Asperger and left mum to "deal with it."
Personal Challenges	M's Asperger has resulted in a young person who is highly anxious, struggles to cope with change and with very low confidence and self esteem	Impacts M's Social Relationships. Lack of support for Aspergers led to a lack of trust in adults. Created further personal challenges; low self-esteem and anxiety. Now M has no desire to leave the house finding outside too noisy, busy, stressful and scary.

Case Study Two



Ben is 16 years old, lives with his grandparents and 3 younger siblings in a remote village, with little transport links other than school buses. They are a low-income family. Ben has poor health and intermittently sees specialists for an ongoing condition which impairs his mobility. Ben is a mature young person, but academically finds some subjects quite challenging, obtaining some GCSEs, but retaking English & Maths, therefore limiting his choices for post 16 study. He is keen to progress into work but his remote location limits him and he is not keen to go to College due to his anxiety over change.

Risk Category	Risk Factors	Interacts with risks produced in these other categories
Structural Factors	Ben would like to work to help support the family, however he has struggled to find an opportunity within a location he is able to travel to. He is therefore likely to become NEET.	Interacts with personal challenges because his ongoing health and mobility issues have meant that he is unable to walk far to get to work and the buses are very limited. Family circumstances influence his desire to work and support his family, plus structural factors limit his Post-16 study options
Institutional features of school/work	Current school does not offer an appropriate Post 16 course that he can access with his grades, however he is very reluctant to move on to another provider.	Family circumstances - his location and low family income - makes travel to other locations difficult for College/ Work. Plus caring duties for younger siblings make travelling too far a challenge in order to support school pick ups and with homework.
Social relationships	Very few friend. Very anxious about moving from school to somewhere	Personal challenges (health and mobility needs) have limited him to social places he can access in school Family circumstances – caring responsibilities for his siblings, plus low

	new, as he struggles to make friends.	income mean he can't socialise outside of school. His isolation and reliance on being in his very small bubble means he is extremely anxious to go to College and make any changes, add to personal challenges
Family Circumstances	Cares for younger siblings who have additional needs. Many daily chores. Home is overcrowded, difficult to find quiet space to do homework. Grandparents have minimal education. Family breakdown; his male role model, his "father", was unemployed and unable to care for his children due to some poor life choices. This has caused a big family rift and father is not allowed to see the children.	Impacts social relationships and institutional features of school as caring duties mean limited time for socialising with peers and homework, impacting attainment, progress and anxiety. Difficulties sleeping lead to difficulties concentrating at school. Not able to work to full capabilities. His academic choices seem to be driven by practicalities of travel etc rather than aspiration. As the eldest he feels pressure to be succeed but is also anxious as the 1st in the family to be leaving school
Personal Challenges	Mobility issues have restricted his socialising and access to opportunities outside school. Anxiety means he struggles to have the confidence to be the first to do something new/ different.	Interacts with family factors. Feels worried about leaving his 'secure' setting and about the impact of moving on in terms of being able to support his siblings and family.



Case Study Three

Sam lives with Grandparents due to being asked to leave the family home. He has a string of criminal convictions which include Joy Riding and theft.

He has ADHD and struggled in a classroom environment. He had enrolled on a college course but could not keep up with the attendance/ behavioural expectations and was asked to leave. Prone to violent/ aggressive outbursts.

Risk Category	Risk Factors	Interacts with risks produced in these other categories
Structural Factors	Society's view of those with criminal convictions might limit his opportunities. Legislation around prior attainment limiting options.	Links with social relationships - lack of positive role models in later life. Links with institutional expectations
Institutional features of school/work	Expectations around attendance and behaviour were not easy for him to attain meaning that he was having to have lots of negative conversations with staff. Lack of previous qualifications meant he was limited on the courses/ levels he could undertake which led to frustration and the feeling that he was wasting his time repeating things he already knew	Interacts with social relationships in not having a role model/ person in a position of trust who he can form a positive relationship with. Links with structural factors.
Social relationships	Peer pressure to maintain 'status' amongst peers. Lots of issues with girlfriends and ability to maintain a positive relationship.	This impacts on ability to focus within educational setting (institutional features) as well as self-worth and self-esteem. Impact on mental health when

		relationships breakdown (personal challenges)
Family Circumstances	Family perception of him is negative. Lack of parental support. Low income family which may have contributed to initial involvement in crime.	Impact on personal challenges due to building a negative self image.
Personal Challenges	<p>Feelings of worthlessness and feeling trapped in the situation.</p> <p>ADHD is uncontrolled/ unmedicated impacting on ability to focus.</p> <p>Difficulty verbalising feelings and handling them in an appropriate manner leading to outbursts of violence and aggression</p> <p>Does not view prison as a negative place. Feels he would at least be away from his issues there.</p>	<p>Links with social relationships as limits ability to make and sustain positive relationships.</p> <p>Links with institutional features as unable to conform with expectations.</p> <p>Links with structural features as lack of resources (due to funding) to deal with emotional state may result in him being dealt with via the criminal justice system instead.</p> <p>May link with family circumstances, perhaps learnt this behaviour from a family member?</p>



Case Study Four

Boy D is 16, he left school with no GCSEs and he hardly attended school in year 10 and 11. D lived in the City when he was school age. He is now 16 (year 12) and NEET, he also has got caught up in serious criminal activity involving weapons. D has not been to court yet so has lots of worries. He is a recent child in care (Child Looked After) and has been moved to a rural small town far away from his home City. He has court proceedings that are ongoing. D has an EHCP and struggles to concentrate. He has minimal contact with parents, who are split up, when he does have contact it often ends up in an argument and fight, D is rejected from his parents and now is feeling isolated as he is in Care away from his friends and his familiar surroundings.

Risk Category	Risk Factors	Interacts with risks produced in these other categories
Structural Factors	<p>Curriculum bears little relevance. Standardised testing approach doesn't suit him. Wants vocational option</p> <p>Criminal policy – severe penalty for carrying weapons. Law does not take into account his vulnerability to being coerced by others.</p>	<p>D disengaged from school due to the pressures. No family support impacts this. Criminal activity was appealing to him. Lack of diversity of curriculum meant other options were easy to get involved with (external peer pressure)</p> <p>Wants to go in the army, but mental health and violence is a barrier to policy/safeguarding.</p>

<p>Institutional features of school/work</p>	<p>EHCP. Feels no support at school. Couldn't cope with teachers shouting. Felt different due to EHCP. Low confidence due to the curriculum.</p>	<p>Low confidence carried forward from school to post 16. Now sees education as scary, pointless and mistrusts 'shouting' staff. His shouting family may be reflected in his view of teachers, making him feel scared. Trauma re-experienced.</p>
<p>Social relationships</p>	<p>Feels different. Wanted to fit in, but didn't so was vulnerable to peer pressure from others who had dropped out. Social media used to entice D in. Rejection from family led to feeling accepted by Gang</p>	<p>Now in care away from the people he feels love him. The point of the care is to protect but he is missing the love from the peers. Confusion of who he is, this links to family circumstance. Lack of belonging or friendships due to being CLA in a different area. Not fitting in due to being away from the city.</p>
<p>Family Circumstances</p>	<p>Volatile relationship with parents. Both live separately. One rural, one city. Argues with parents. Cannot bond, constantly rejecting. If he visits, he gets kicked out. A lot of volatile shouting.</p>	<p>Family did not engage with school and has a negative view of education. This influences D's view. He wants a job working for himself, but is too anxious to work in a group and this prevents him from accessing college.</p> <p>No support from family and this impacts on personal challenges and social relationships.</p>
<p>Personal Challenges</p>	<p>EHCP, difficulty regulating emotions. Finds it difficult to focus. Takes cannabis to calm down, but this can exacerbate mental health issues.</p> <p>Is at CAMHs level but will not engage as he thinks it will impact on future. Difficult to trust people and make new friends.</p>	<p>Dual identity issue, moved from city to rural town. Struggles intensely due to mannerism, persona, accent, dress, identity. Is called 'weird' by others in the rural town.</p> <p>Mental health worse due to the location CSC have moved him.</p> <p>No family support for court hearings. Low self-esteem. No eye contact with adults. A front to cover up the vulnerability.</p>



Case Study Five

C is year 11 but has not attended school for over a year due to mental health issues. Prior to this her attendance was very low as she did not enjoy school and struggled with accessing the work. Her engagement with support offered to her (such as CAMHs, school, PFSAs) is very limited. Although her family is supportive of her and her needs, education is not a priority in their way of life. She also has possible undiagnosed SEND needs.

Risk Category	Risk Factors	Interacts with risks produced in these other categories
Structural Factors	School could not meet C's needs within their facility as she ideally needs 1:1 support to access her education & due to lack of funding, medical tuition could only offer her 1 hour per day.	C's family do not feel that her education is a priority & therefore do not push for her to attend. They also feel let down by the school for not providing C with enough support.
Institutional features of school/work	C struggled in the large classes within her school setting and her SEND needs were not picked up on. Their focus on her poor attendance put stress on the fragile relationship between school and the family.	Struggling in school has had a negative impact on C's already poor mental health and self esteem as well as forming a poor relationship between school & the family. This poor relationship with school then impacted the family's view of other support services on offer to them.

	Once receiving medical tuition, her attendance is still very poor, and only attending, on average, 2 out of 5 sessions a week.	
Social relationships	C spends all of her time with her family & has very limited friendships of her own (she has 'friends' that are her brother's friends). She spends a lot of time on social media & says she has lots of friends but never sees them, preferring to stay at home or be with her older siblings.	Due to spending all her time with her family & not attending school (apart from medical tuition), C doesn't receive any other influences about education or her future achievements. She also doesn't come into regular contact with positive role models.
Family Circumstances	C has 2 older siblings. Neither sibling stayed in education or went into employment and her mum doesn't work. Her younger sibling doesn't attend school (they are being homeschooled) due to his SEND needs & behaviour that the family felt the school didn't support. One of her older siblings is married with a young son & spends most days at the family home with the rest of the family. C is rarely without at least one member of her family, even when out of the house.	Very limited interactions with peers or others outside of her family impact her mental health, especially due to limited time out of the house & a lack of routine or experiences. Lack of interactions with others, such as professionals, hugely limited any progress C can make to improve her mental health or ambitions. Due to only one parent working (part time), money is tight and the family home is cramped.
Personal Challenges	C suffers with anxiety and mild depression. She has undiagnosed SEN and a history of self harm. She has had lots of negative experiences that she hasn't fully overcome, which affect her self esteem and mental health. C finds it hard to engage with CAMHs and the support on offer to her, which may be due to her SEND needs. C has no real interests or hobbies and her commitment to something is very short lived.	C's family, their way of life and their negative experiences with education and professionals hugely impact C's view and ambitions for her future. C's SEND needs and poor mental health means she isn't suited to the traditional school routine & there is a lack of funds to give her the support needed. C's poor mental health and depression also affect her ability to make and maintain friendships.

Case Study Six



S is a 17 year old male who is currently NEET. He attended secondary school until beginning of Y11 where he was transferred to an alternative education setting. S has struggled to stay in education and was referred to the local authority Education, Employment or Training service.

S is showing a good level of motivation to get some paid work. He is interested in hands on or outdoor work, possibly labouring work, a potential apprenticeship and is happy to engage in English and Maths to gain the relevant qualifications.

Risk Category	Risk Factors	Interacts with risks produced in these other categories
Structural Factors	<p>School referred S to alternative education (performance targets). Interested in manual work but needs to gain English and Maths qualifications.</p> <p>Lack of youth support organisations in the area that he wants to get involved with.</p>	<p>Impacted social relationship factors as attending alternative provision changed his peer group- possible gang connections? Lack of positive peer role models. Added to personal challenges as</p> <p>S has low self-esteem for his skills and does not believe he can achieve but knows he can make money through drug gangs.</p>
Institutional features of school/work	<p>Gaps in education and a history of poor attendance – referred to alternative education.</p> <p>Behaviour expectations</p> <p>S attended re-engagement provision at the local college but did not complete.</p>	<p>Impacted by family circumstances. Disruption at home led to frequent instances of running away and not attending school. Lack of stable family and role models has made S mistrust authority. Also school concern over S's education and</p>

		attendance have caused family arguments.
Social relationships	<p>S has relations with other friends and relatives but his mum considers these as a bad influence on S. Involved with gang culture – negative peer role models.</p> <p>Lack of positive relationships at school – mistrust of educational settings.</p>	<p>Lack of positive role model – seeking approval and sense of security through involvement with drug gangs.</p> <p>Low self-esteem, feels he needs to prove a point by making money through drug gangs.</p>
Family Circumstances	<p>Little contact with birth father. Disruptive home life with social services involved. Mother has suffered from depression from an early age.</p> <p>S has poor behaviour at home, becoming angry and violent. This has led to S going missing and being reported to the Police.</p>	<p>S feels odd one out of the family, impacting social relationships as wants to be part of a group, possible reason for gang involvement. Impacted school engagement because emotional and disruptive home life made it difficult to do homework, falling behind then not wanting to attend school. Personal challenges impacted – drug use to be able to forget what is going on at home.</p>
Personal Challenges	<p>Attended alternative provision but left with no qualifications.</p> <p>Police have reported that they have concerns S is at risk of exploitation by being involved with County Lines / Drug supply.</p> <p>Possible mental health concerns. Substance / alcohol misuse. Money issues / debts owed for drugs.</p>	<p>Low self esteem from no qualifications, not being able to succeed, negative impact on hope and belief he can succeed</p> <p>Limited options to progress into education or work along with mistrust of institutions.</p>



Case Study Seven

K is 17. She left previous school without GCSEs and has tried Barbering with Wiltshire College but left halfway through the year as she felt not accepted by her peers. She perceived that her peers disliked her due to her being a lesbian (although nothing of that nature of bullying was recorded by the college at the time). K is petrified of speaking on the phone, which makes it very hard to apply/get a job to help bring money in. Her mother is a single parent and is supportive of K getting an education to ensure benefits keep coming in, which means there isn't much support as to the substance of the education, as long as it's full time.

Risk Category	Risk Factors	Interacts with risks produced in these other categories
Structural Factors	<p>No EHCP. It is now too late to put one in place.</p> <p>Low family income causes issues getting to interviews as needs to rely on public transport if she can afford it that week.</p> <p>Some support from CAHMs but considered inadequate by K</p>	<p>Social relationships eroded as less likely to seek support with external agencies as feels let down by CAHMs (waited 1 year to be seen at all). Compounds family circumstances as mum also distrusts external agencies. Unless the public transport link is good and there is financial help with cost, cannot get to college/job – lowers the choice and the chances of getting in or getting the job.</p>

<p>Institutional features of school/work</p>	<p>Little support from previous school meant lost faith in educational system from both K and mum.</p> <p>Slow handling of the process in her previous school means no EHCP in place. Should have EHCP as she is autistic and has mental health issues;</p>	<p>Personal challenges impacted because she is now unsure about her educational path, meaning she is uncommitted. This makes her more likely to drop out of the course without achieving (done once already)</p>
<p>Social relationships</p>	<p>Very few friends as felt shunned at college – didn't make very many friends in secondary school due to autism, difficulty to communicate and open up. Those friends have moved on to other friend groups.</p>	<p>Lack of social relationships makes K ill-equipped to handle 'team-work', which is a basic job skill. Difficulty communicating makes her self-conscious, refusing to even pick up a phone call.</p>
<p>Family Circumstances</p>	<p>Volatile relationship with absentee father. Relationship with mother stable, but not very supportive with life-decisions</p> <p>Activities (bus far) dependent on benefit payments or Mum's odd job money.</p>	<p>Impacts how reliably K can turn up to college/ school/ work. It is dependent on Mum's work/ income</p> <p>Difficulties at home impact her personal challenges with mental health issues</p> <p>No role models for an educational path beyond GCSEs. Pressure put on to bring money in</p>
<p>Personal Challenges</p>	<p>Autism and mental health issues Sexual Orientation bullying. Low trust and self confidence. Little drive or knowledge to change her current circumstances.</p>	<p>Relationships and institutional affected by Autism and communication challenges. Structural and institutional factors compound this as no EHCP to validate this and access support</p>



Case Study Eight

L has just turned 17 (August birthday) so is young for her year. She has been in care since she was 5 having suffered neglect and emotional abuse. Her long-term foster placement broke down at the start of year 11 and she went into a residential placement some distance from her school. In spite of achieving good GCSEs she was not accepted into 6th form due to her behaviour through year 11. She refused to attend a different 6th form or college. L has a recent diagnosis of ASD and very low self-worth.

Risk Category	Risk Factors	Interacts with risks produced in these other categories
Structural Factors	<p>Limited availability of care placements. Poor experience of foster care for several years but no options to move to a more positive environment. Distance to travel in year 11 meant very early start and late finish.</p> <p>Pressure on school to accept high achievers who will conform.</p>	<p>Rejection by school for year 12 reinforced personal challenge of negative beliefs about self-worth compounded.</p> <p>Distance impacted social relationships ; little involvement in school life in year 11 so felt further removed from her school community.</p>

<p>Institutional features of school/work</p>	<p>Due to her late birthday, always very immature for her year and found it hard to connect with peers. Hypervigilance is very hard to manage in a large secondary school. School sanctions meant time in isolation unit.</p>	<p>Ability to make friends impaired by early experiences. Negative association with isolation. School exclusion reinforcing social exclusion.</p>
<p>Social relationships</p>	<p>L has had a negative experience of relationships with adults since early years and trusts very few people. She has few friends, although she does have a boyfriend who she sees regularly. L uses abusive language when communicating with the adults in her life and rejects offers of help. L feels a need to control her environment and those around her.</p>	<p>Low confidence in her ability to make new friends means that school or college environments become hostile for her. Work placements are also threatening. L misses positive opportunities that would enhance her outcomes.</p>
<p>Family Circumstances</p>	<p>Mother has serious mental health issues and emotionally abused her children. L is in contact with her family. Her mother potentially had a negative influence on her self-esteem and self-worth as she continues to be critical.</p>	<p>Mother's impact on L's self esteem affects the way she approaches school, work and social contacts.</p>
<p>Personal Challenges</p>	<p>Low self-esteem and self-worth reinforced throughout early years. Expectations of relationships were formed by experience of abuse Undiagnosed ASD has had an impact on her social development. Although she is an able student she has not achieved at the level predicted due to her circumstances.</p>	<p>Difficulties in all relationships have been affected by personal challenges. ASD makes change very difficult and lack of diagnosis meant lack of appropriate support.</p>