



North Tyneside  
Safeguarding  
Children  
Partnership



# Safeguarding Transition Protocol

April 2023

NORTH TYNESIDE COUNCIL

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## 1. Introduction

This protocol outlines safeguarding arrangements for young people aged 17 years and above, whose circumstances may indicate that Safeguarding Adult's procedures may apply when they are 18. It has been developed to promote robust transitions between children and adult services. It recognises that harm is likely to continue post 18, and that abuse occurs, irrespective of age.

Transition to adulthood can be a particularly challenging and vulnerable time for some young people. Learning from Safeguarding Adult Reviews has highlighted how ineffective transition planning can contribute to young people "slipping through the net" or "facing a cliff edge" with tragic consequences. Recent Safeguarding Adult Reviews reflect this learning, with some common themes identified, including the young person being at high risk of exploitation, alcohol and substance use with no identified care and support needs under the Care Act. Please see links for [Madeline \(Croydon, 2022\)](#), [Kate \(Cumbria 2022\)](#), and [Molly \(Teeswide, 2022\)](#).

It is important to note our approach to transitional safeguarding should be needs-led, flexible, and provide a personalised approach. As highlighted in the briefing [Bridging the Gap](#) (2021) abuse does not end at 18 and the vulnerability of a young person needs to be considered.

The protocol acknowledges that Childrens' and Adults' safeguarding systems are procedurally different and governed by statutory frameworks, which can make the transition to adulthood difficult for young people facing on-going risk. There needs to be a common culture and understanding across children and adults which includes the use of language.

The purpose of the protocol is to:

- Provide a clear referral process to ensure effective and timely referrals are made between children and adult services.
- Develop and improve joint working practices across services.

## 2. Legislative framework and principles

### The Care Act (2014)

[The Care Act 2014](#) sets out eligibility criteria which define whether an adult has care and support needs. Care and support can include practical, financial, and emotional support for adults who need extra help to manage their lives and be independent. If a person requires support to do certain things like washing, getting dressed, getting in and out of bed or keeping their home safe, these would be identified as eligible needs.

The Care Act 2014 also outlines the importance of preventing and delaying need and the importance of reducing needs that already exist. It highlights the value in effective interventions at the right time and that a local authority should consider whether or how the person's needs could be reduced or other needs could be delayed from arising.

Section 42 of the Care Act 2014 introduced a legal duty to make enquiries about safeguarding concerns. The duties apply to an adult:

- who has needs for care and support (whether or not those needs are being met)
- is experiencing abuse or at risk of abuse or neglect, and
- as a result of those needs is unable to protect themselves against the abuse or neglect, or risk of it

The aim of providing care and support is to assist people to meet their needs and achieve the outcomes that are important to them, and which promote their wellbeing. The focus should be on the **person** not the process.

Safeguarding adult duties apply to adults with care and support needs, regardless of whether those needs are being met and regardless of whether the adult lacks mental capacity, or not.

### **Mental capacity**

[The Mental Capacity Act \(2005\)](#) applies to all people aged 16 and over in England and Wales who are unable to make some, or all decisions themselves. If there are concerns in relation to a young person's mental capacity from age 16 onwards, then a mental capacity assessment should be undertaken, in relation to each specific decision. Executive functioning may also need to be considered within assessment: executive functioning and self-regulation skills are the mental processes that help us to plan, focus attention, remember instructions, and juggle several tasks successfully. An example of this, is a person saying they understand a decision, they appear to understand but repeatedly do not execute their stated intentions.

Understanding the person's vulnerabilities should be a fundamental consideration within the assessment, as mental capacity can be affected by abusive situations, including previous trauma, abuse, coercion, and control.

If there is a concern in relation to mental capacity, this must be recorded clearly and accurately, and a Mental Capacity assessment should be documented.

### **3. Making Safeguarding Personal**

[Making Safeguarding Personal \(MSP\)](#) is an initiative with an outcome focus to safeguarding adults work and a range of responses to support people to improve or resolve their circumstances. This involves putting the person at the centre of the safeguarding enquiry and ensuring a personalised approach that enables safeguarding to be done with, and not to, the person. This means that people are given opportunities at all stages of the safeguarding process to say what they would like to change.

### **4. Who does this Transition protocol apply to?**

- Young people who have care and support needs, whether those needs are being currently met and irrespective of diagnosis
- Young people who are experiencing, or at risk of abuse or neglect and as a result of their needs for care and support are unable to protect themselves.
- Young people who are at risk of homelessness

- Young people with complex needs- an adult needing a high level of support with many aspects of their daily lives: these needs may arise from illness, disability, or broader life circumstances.
- This may include some young people who are a current or former Eligible/ Relevant child, or a Care Leaver ([Children Act 1989 s23C](#))
- Young carers who have caring responsibilities to family members, including siblings who may be more isolated due to their caring roles. These young people will become adult carers at 18.

## 5. Transitional safeguarding

Transitional safeguarding must be part of the broader work that occurs through adolescence into early adulthood. The aim is to support and safeguard young adults, in preparing them for their young adult lives, recognising this period of transition will be experienced differently by young people at different times. This is a joint responsibility across children and adult services, in providing a seamless approach.

It is vital that individual practitioners and service-approaches, are tailored to the young person's needs, avoiding age-based assumptions about young people's vulnerability (or lack of) and decision-making ability. Research indicates that young people's brain development does not fully mature until age 25 ([Hartley, C.A., & Somerville, L.H, 2015](#)). Furthermore, some young people may have developmental differences due to trauma history, neurodiversity, intellectual ability, mental health challenges or a combination of these factors.

Some integral approaches to transitional safeguarding are outlined below: they require offering non-judgement, safety, understanding and respect in order to develop trust. Referring to the safeguarding risk threshold (see appendix) may be useful to support practitioners in their decision-making.

## 6. Contextual Safeguarding

Abuse can take many forms and includes physical abuse, domestic abuse, sexual abuse, psychological abuse, financial or material abuse, modern slavery, discriminatory abuse, neglect or acts of omission, self-neglect, and organisational abuse.

Contextual Safeguarding is an approach to understanding and responding to young people's experiences of significant harm, beyond their families. Contextual safeguarding needs to underpin our approach, in understanding the harm young people are at risk of/ or have experienced, and that this may be from outside of their families. Young people can be targeted within their local community, via on-line grooming and exploitation or from a different borough or region. Young people from marginalised, multiply disadvantaged communities may be less visible due to their age and experience more difficulties in asking for and accessing support.

Gaining trust from the young person, proactive engagement, offering a sense of non-judgement and safety, and triangulating information between agencies is key to effective contextual safeguarding responses.

These approaches with Making Safeguarding Personal are putting the person involved in the safeguarding enquiry at the centre. This is a relational and strength-based approach, ensuring the person's views, wishes and feelings are the focus of the enquiry and they define the outcomes. This information needs to be fully

documented and evidenced. First and foremost, this approach is about recognising the person is expert by experience, and with the support of their family, friends, and professionals this can help shape services, to improve young peoples' outcomes.

## **7. Trauma informed approach**

It is important to understand young adults' previous experiences, trauma, abuse, and the impact of this. The impact will vary from one individual to the next, however these experiences may lead to a need for support.

A flexible and holistic approach needs to be applied with young adults who may have experienced trauma and be at risk of harm, using the principles of Making Safeguarding Personal, showing professional curiosity (not taking explanations at face value, and holding multiple explanations in mind). For young people who are currently or have previously experienced trauma, they may normalise abusive behaviour, anticipate abuse or rejection especially from people in positions of power, and have low self-esteem. It may take significant amounts of time and effort in order to create relationships which enable the young person to engage.

This process will be facilitated through creating relationships which offer young people the following principles of trauma-informed care:

- Safety
- Choice
- Collaboration
- Trust
- Empowerment.

## **8. Criminal exploitation**

A common feature of criminal exploitation is the grooming and exploitation of children and young vulnerable people. Criminal exploitation may include, taking over a property or properties - this is often termed as cuckooing, where the property is used for criminal activity, this could include dealing drugs, sexual exploitation or storing firearms.

According to the National Crime Agency (2018) definition, county lines is where drugs are transported from one area to another, often across police and local authority boundaries; the "county line" is the mobile phone line used to take the order for the drugs. Children and young people are often groomed and coerced into gangs to traffic the drugs. For further advice on the signs to look out for visit [The National Crime Agency](#) website.

## **9. Domestic abuse**

[The Domestic Abuse Act \(2021\)](#) provides a statutory definition of domestic abuse, with an emphasis that it is not just upon physical violence, but can be emotional, coercive, controlling, and financial abuse. A child's experience of domestic abuse whether this is towards them, or someone close to them, can have serious consequences. The Act defines the effect and impact of domestic abuse on children and young people, this includes:

- Feeling anxious or depressed
- Low self-esteem and difficulties with forming healthy relationships
- Hypervigilance in reading body language or changes in mood and atmosphere
- Having difficulty sleeping, nightmares
- Physical symptoms such as stomach aches or bed wetting
- Delayed development or deterioration in speech, language, and communication
- Reduction in school attainment, truancy, risk of exclusion from school
- Increased application to activities outside the home, including academia or sports, as a distraction
- Children and young people of different ages may respond in different ways to domestic abuse, depending on their stage of development - older children may be more likely to show the effects of the disruption in their lives through under performance at school, poorly developed social networks, self-harm, running away and engagement in anti-social behaviour.

The experience of domestic abuse in childhood can impact on future relationships and the young person may have little/ no experience of what a healthy and safe relationship is like, placing them at greater risk of harm.

## **10. Protected characteristics**

Protected characteristics can increase the potential for discrimination, marginalisation, and impact upon trust in, and access to support and services. It is important for practitioners to exhibit cultural humility, supporting young people to define their identity for themselves, to have an awareness and understanding of intersectionality (the cumulative effects of privilege and disadvantage on the basis of a variety of identity factors), and be aware of their own unconscious assumptions and biases. This will help to ensure there is inclusive access to support. Safeguarding enquiries should be considered if there is evidence of discriminatory abuse, to mitigate risk.

## **11. Young people who may present a risk to others**

If there is a concern about a young person 17.5 years who presents a risk to others, information about the risk should be shared appropriately with those professionals working with the person, including those who will be working with them when they reach 18. Consideration may need to be given to a transition meeting, to a referral to [Multi Agency Public Protection Arrangements](#) (MAPPA) or [Potentially Dangerous Person \(PDP\) procedures](#).

MAPPA is for offenders assessed as posing a high or very risk of serious harm and where the risk posed requires management at a senior level through multi-agency collaboration. Referral into PDP may be appropriate when a person is not eligible for management under MAPPA but whose behaviour gives reasonable grounds for believing that there is a present likelihood of them committing an offence or offences that will cause serious harm.

MARAC is a Multi- Agency Risk Assessment Conference for high-risk victims of domestic abuse and includes people aged 16 and over.



Safeguarding adults or children's procedures need to be followed, where the risk is posed to other children or adults at risk/ risk to themselves, or if there are concerns of self-neglect.

If none of the multi-agency forums highlighted above apply, consideration should be given for a multi-agency risk meeting.

## **12. North Tyneside Multi-Agency Risk Management Panel (MARM)**

MARM is a forum that provides a shared commitment across agencies in North Tyneside to working with risk. It provides guidance to help practitioners working with adults with multiple and complex needs who are at serious risk of harm or abuse. It includes advice about when and how to escalate risk into a multi-agency setting, drawing on learning from Safeguarding Adult Reviews. The Panel exists to support cases that do not fit the criteria of any other statutory risk management forums, or where those forums are not providing the desired outcome (reduction of risk). The MARM does not replace existing internal or multi-agency meetings that case manage or assess/monitor risk for the adult and members of the MARM will not become case holders for referrals. Members of the MARM will provide an additional layer of support and problem solving where required.

## **13. Young People Leaving Care**

The Leaving Care service supports young people who have been children in care in North Tyneside and are eligible for a service under the [Children \(Leaving Care\) Act, 2000](#) and the Children and Social Work Act, 2017. Personal Advisors in the team work jointly with social workers from age 17 to prepare young people for transition to the service at 18 and ensure they are familiar with their supports and opportunities post transition. This support extends to age 21 or 25 depending on the young person's status. Support covers practical support around accommodation options, managing a tenancy, finances and training and employment. However, a large focus of the service is on supporting positive outcomes by reducing risk and increasing autonomy and responsibility. The team work directly with young people and associated agencies to support wellbeing and where necessary refer to Gateway for safeguarding support; this will involve an initial discussion and referral and prioritise joint working between the allocated workers until a time where Gateway input can be reduced or finalised.

## **14. Future Steps: Young People at Risk of Exploitation**

The Future Steps service primarily works with young people under the age of 18 via MSET. When a young person turns 18, often the young person already has an allocated worker from the Leaving Care Team and no referral into Gateway would be needed. The Leaving Care Team can also refer people aged 18-21 into Future Steps when there are concerns around exploitation using the Future Steps/Leaving Care referral form.

Where the risks are significant, Future Steps may refer into Gateway or wish to discuss a case further. In such circumstances, a case discussion is arranged between Future Steps and Gateway's Lead Practitioner in the first instance. If the case is appropriate for Gateway (i.e. the young person is approaching their 18<sup>th</sup> birthday or over the age of 18 and a section 42. enquiry is indicated) the Lead Practitioner would complete a Contact form and commence the usual Gateway process.

If Gateway are to support, they will work alongside the Future Steps service for up to six months.

Where there is no role for Gateway, Future Steps would continue to support as per their own criteria.

## **15. How to refer**

Where a social worker in Children's Services is working with a young person aged 17-17.5, approaching adulthood about whom they have safeguarding concerns and it is likely these concerns will continue into adulthood the social worker should make a referral (link to form) to Gateway to share these concerns. This will enable appropriate support planning for the young person as part of their transition into adulthood. It may be appropriate for adult services to attend Child protection strategy/ case conference and/ core group meetings.

There are alternative transitions pathways for young people with care and support needs – please see link.

If you have concerns regarding a young person (aged under 18) who is at risk of harm, exploitation or abuse, a referral should be made to Children's Social Care. Please consult the regional Children's Safeguarding Partnership Procedures for further details. Children's social care can work with people under a number of safeguarding frameworks that include:

- Child Protection
- Child in need
- MSET- Missing, Slavery, Exploitation and Trafficking

If the young person is subject to any of the above processes and is aged 17 years or over, a Manager from Gateway should be invited to the meeting. The Manager will attend or identify an alternative Adult Social Care representative to attend future meetings, up to the age of 18, to consider the transition process from Children's Social Care to Adult Services.

The Safeguarding Adults Manager has the responsibility to make the decision to implement Safeguarding Adult procedures, or not, once the person reaches 18. If this is proposed at a meeting under Safeguarding Children's procedures, then the Safeguarding Adults Manager must have attended and agreed with this proposal.

## Appendix 1. Glossary

**Adult at risk** - A person aged 18 or over who is in need of care and support, regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

**Adult safeguarding** - Protecting a person's right to live in safety, free from abuse and neglect.

**Advocacy** – Support for people who have difficulty expressing their concerns and the outcomes they want during the safeguarding process.

**Best interest** – The [Mental Capacity Act 2005](#) states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do so in the person's best interest.

**Carer** – In this document carer refers to family/friend carers as distinct from paid carers who are referred to as support workers. [The Care Act](#) defines the carer as an adult who provides or intends to provide care for another adult who needs support.

**Concern** - Describes when there is or might be an incident of abuse or neglect. Replaces the previously used term “alert.”

**Enquiry** - An enquiry is the action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place. The purpose of the enquiry is to establish whether or not the local authority or another organisation, or person needs to do something to stop or prevent the abuse or neglect.

**Equality Act 2010** – The [Equality Act 2010](#) protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws making the law easier to understand and strengthening protection in some situations.

**Data Protection Act 2018** – The [Data Protection Act 2018](#) stipulates the regulations which govern how and why personal data is processed, it is intended to strengthen and unify data protection.

**Independent Mental Capacity Advocate (IMCA)** - Established by the [Mental Capacity Act 2005](#). IMCAs are mainly instructed to represent people who lack mental capacity when there is no-one outside of services, such as a family member or a friend, who can represent them. IMCAs are a legal safeguard who will help people make important decisions about where they live, serious medical treatment options, care reviews, or adult safeguarding concerns.

**Making Safeguarding Personal** – This refers to person-centred and outcome-focused practice as stated in Care Act . It is about empowering individuals to express what is important to them by whatever means appropriate. Practitioners must demonstrate through their practice that they have carefully listened to the individual and those important to them and how they want matters to progress. Outcomes of interventions should be meaningful to the person at the centre of the enquiry and reflect their original wishes wherever practicable.

**Mental Capacity** - A person's ability to make their own choices and decisions. Under the [Mental Capacity Act 2005](#), someone's capacity is judged according to the specific decision to be made, so a person may have sufficient capacity to make some decisions but not others. The law works on the principle that everyone is assumed to have capacity to make decisions for themselves if they are given enough

**Person/organisation alleged to have caused harm** - The person/organisation suspected to be the source of risk to an adult at risk.

**Person in position of trust** – When a person holds a position of authority and uses that position to his or her advantage to commit a crime or to intentionally abuse or neglect someone who is vulnerable and unable to protect him or herself.

**Safeguarding Adults Board (SAB)** – Each local authority must have a SAB to assure itself that local safeguarding arrangements and partners act to help and protect adults at risk. SABs will oversee and lead adult safeguarding and will be interested in all matters that contribute to the prevention of abuse and neglect.

**Safeguarding Adults Review (SAR)** – Undertaken when an individual with care and support needs dies or suffers unnecessarily as a result of abuse or neglect and there is a concern that the local authority or a partner organisation could have done more to protect them.

## Appendix 2

### Transition Safeguarding Referral Document- email to children and adults contact centre

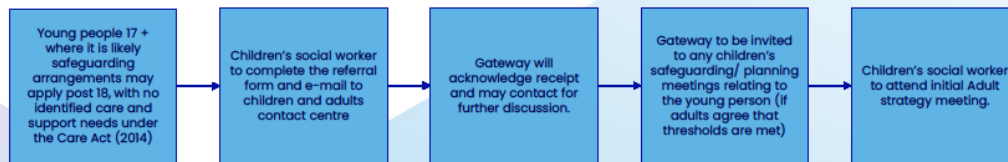
<b>Name of young person</b>			
<b>DOB</b>		Age	
<b>Legal status</b>			
<b>LCS number</b>			
<b>Leaving Care entitlement (please select)</b>	Yes	No	
<b>Has the young person ever been detained under the Mental Health Act (S117)</b>	Yes	No	
<b>Name of Social Worker</b>			
<b>Name of Team Manager</b>			
<b>Reason for current Social Care involvement</b>			
<b>Does the young person have an EHCP?</b>	Yes	No	
<b>Name of Education setting if applicable</b>			
<b>Other current professional involvements: For example: CAMHS North Tyneside Recovery Partnership (NTRP) Youth Offending Service (YOS)</b>	Please state		
<b>Is the young person aware consented to this referral? Do they consent to their plan/transition plan being shared? If consent has not been sought, please state why.</b>	Yes	No	
<b>What are the young person's aims, goals, and ambitions for the future?</b>			
<b>Any additional needs e.g. alcohol, ASD, trauma</b>			
<b>Safeguarding</b>  Describe the current safeguarding concerns, the risks and how these are being addressed. Please provide any context or background information that is relevant.			

<p>What are the young person's views of the risks?</p> <p>Are there any concerns in relation to mental capacity regarding this safeguarding concern?</p> <p>Outline the protective factors and what is working well</p>		
<p><b>Can children's services provide any on-going support or resources, to the person in their transition into adulthood? What might that look like?</b></p>		
<p><b>Is there documentation, e.g. Safeguarding Minutes that would provide useful information to support this referral, that can be attached?</b></p>	Yes	No

## Appendix 3: Child to Adults Transition Pathways

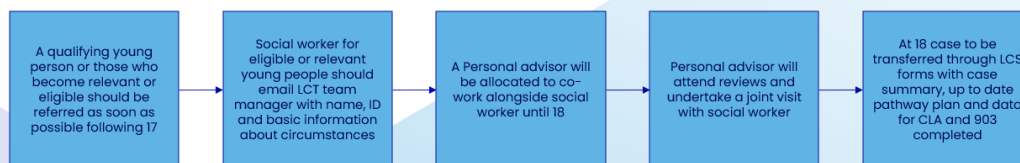
### Transitional Safeguarding

For young people where there are no identified care and support needs, but there is a high risk of exploitation and/or abuse.



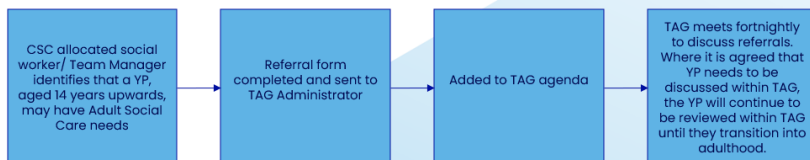
### Leaving Care Pathway

For young people who are care leavers, and do not have any safeguarding concerns. They will be supported by the leaving care team - any safeguarding adults concerns will be referred in via Gateway.



### Transitional Advisory Group (TAG)

For those who do have a commissioned service in place but do not have a learning disability or other whole life disability. If someone is discussed at TAG and there is a safeguarding concern, the concern will be considered alongside TAG. Please note: TAG is not for transitional safeguarding as a standalone.



### Whole Life Disability Team (WLDLT) Transitions

Well established pathway for supporting those with whole life disabilities into adulthood.

