

**KBSP Transitional Safeguarding Protocol**

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# Statement of Commitment from KBSP Partners.

The Keeping Bristol Safe Partnership (KBSP) recognises that individuals will go through a variety of transitions throughout their lives. Transitions can take many forms, and the Partnership has highlighted supporting our young people to transition successfully into adulthood is a priority if they are to achieve their potential and lead positive and meaningful lives.

All partner organisations of the KBSP have committed through this protocol to work together to ensure that the transition experience, wherever that happens, is a positive and safe one for every young person, irrespective if they have defined care and support needs.

Through this protocol KBSP organisations will ensure whenever they work with young adults experiencing a transition either between or within organisations and services that they will involve and engage the young person and their families (where relevant) in what’s happening at every stage. That they will work collaboratively and pro-actively

to provide support that meets the young adults needs and which keep them safe.

In developing this protocol, the KBSP recognised there is a need to move away from traditional approaches of safeguarding where only those who meet the eligibility criteria or threshold for children’s and/or adults social care services will be entitled to help. We also recognise that age is not always an indicator of a person's ability to function and be safe and our partners agree to work together across all services so these young people can transition successfully into adulthood.

Through the commitment of KBSP organisations, this protocol sets out our combined approach, which focuses on relationship and strengths-based practice and the facilitation of wide-ranging support for young adults to help them achieve their full potential. The KBSP expect organisations who provide services across the city to review their internal processes to ensure they support good transitional Safeguarding practice and support the transition of young adults. Working together in a collaborative and person-centred way, within our transitional safeguarding protocol and its principles.

# Introduction

This protocol sets out the overarching values and principles of KBSP organisations for working with young adults to ensure they transition into adulthood successfully and safely. The KBSP have identified a cohort of young people aged 16 years to 25 years, amongst its local populations who would benefit from transitional safeguarding support, as they are experiencing or at risk of experiencing abuse and or exploitation.

Transitional Safeguarding is an approach to safeguarding young adults across developmental phases which builds on the best available evidence, learns from both children’s and adult safeguarding practice and which prepares young people for their adult lives. During this transitional phase, some young adults are at increased risk of exploitation, involvement with the criminal justice system, homeless or unstable housing and mental health problems. It recognises these young adults need distinct services and professional approaches that are in line with their developmental needs, recognising that harm and its effects do not stop at age 18.

Children’s and adults’ safeguarding systems have developed differently, governed by different legislations, practice and policies, with different processes. Many services for adults are designed to support only those with defined care and support needs, and many young adults, may not meet the eligibility for those services, resulting in them experiencing a cliff edge of support, when they reach 18 years old. This in turn, results in them slipping through the net increasing their vulnerability to be targets for criminal gangs or others who wish to abuse and exploit them.

# Vulnerabilities during transition to adulthood

It is important to consider cognitive development of young adults given research now suggests that the human brain does not reach maturity and continues to develop till around the age of 25 years old (Blakemore, 2020). This cognitive development is important is because the young person may not recognise the sophisticated methods of exploitation that abusers will use to coerce and control them, this is especially true for those young adults who have witnessed of being victims of domestic and or sexual violence and criminal exploitation.

This protocol considers the vulnerabilities of our 16–25-year-olds and reinforces the commitment of KBSP organisations to use a holistic, relational, and person-centred approach, rather than relying on the traditional assessments and eligibility criteria when a young adult needs help and support to transition into adulthood.

## Criminal Exploitation

Criminal exploitation includes county lines, where gangs and organised crime networks transport illegal drugs from one area to another, often across police and local authority boundaries. The criminals use coercion, intimidation, violence (including sexual violence) and weapons to exploit children and young adults into transporting and storing the drugs and/or money. The UK Government (2021) define County Lines as: “A term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other forms of ‘deal line’. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons”.

Cuckooing is where a property is taken over for criminal activity including dealing drugs, sexual exploitation or storing firearms. The property is usually that of a vulnerable person. The National Crime Agency (2018) define cuckooing as: “Drug dealers who take over a local property, normally belonging to a vulnerable person, and use it to operate their criminal activity from.”

It is important to be mindful that often young adults will not see themselves as victims,

or realise they are/have been groomed. This includes young adults who are cuckooed and they may not realise their property has been taken over, for criminal purposes believing the exploiters are their friends who are staying at them.

## Sexual Exploitation

Sexual exploitation is a type of sexual abuse in which young people and adults are sexually exploited for money, power, or status. Young adults may be exploited into believing they are in a loving, consensual relationship, or can become victims of sexual exploitation through gangs. Sexual exploitation may begin in childhood and does not stop when the young person turns 18, so is important to recognise and consider any threats, trauma, coercion and/or coercive control the young person may have been and/or is experiencing and how this may affect their ability to protect themselves.

## Mental Health

The experience of adversity and trauma in childhood can increase the risk of young adults having mental health problems and places them at greater risk of exploitation. If there is need to consider the mental capacity of a young person to make a

decision, and they are aged 16 – 18 years, then a capacity assessment under the

Mental Capacity Act (MCA, 2005) must be carried out for each specific decision.

This must be taken forward by Children’s Services for cases open to them. Support

and/or guidance from Adult Social Care may be available for this and, for cases

not open to Children’s Services.

It is important to recognise that mental capacity can be affected by the abusive situation the young person is in. It is, therefore, key to consider the vulnerability of the young person in terms of particularly, any trauma, threats, coercion and/or coercive control they may have experienced. Such experiences may have started before the young person was 18 but continue after they are 18 or, continue to impact the young person’s capacity to make specific decisions.

## Modern Slavery and Trafficking

Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. It is a serious crime that violates human rights. Victims are coerced, threatened or deceived into situations of subjugation, degradation and control which undermine their personal identity and sense of self. Some young adults may be more at risk because of other vulnerabilities, whether money, social or health issues, or because of their age.

## Domestic Abuse

The Domestic Abuse Act (2021) creates a statutory definition of domestic abuse,

emphasising that domestic abuse is not just physical violence, but can also be

emotional, coercive, or controlling behaviour, and economic abuse. As part of this

definition, children related to the person being abused or the perpetrator, will be

explicitly recognised as victims if they see, hear, or otherwise experience the effects of

abuse. It is also important to recognise and understand the impact and trauma that witnessing domestic abuse may have on a young person when trying to understand any safeguarding concerns. The experience of domestic abuse in childhood can impact on future relationships, and the young adult may have little or no experience of what a healthy and safe relationship looks like. This places the young people at greater risk of harm.

## Structural inequalities

Structural inequalities also need consideration when safeguarding young people, such as protected characteristics which may prevent equal access to opportunities for support or increase their potential risk of harm and abuse. Practitioners should focus on diversity, equality and inclusion.

Practitioners need to have awareness and understanding that inequalities and disadvantages can have a cumulative effect on young people based on a variety of characteristics, and to recognise and support young people in terms of this intersectionality. Practitioners also must be aware of their own unconscious biases to ensure inclusive access to support. Evidence of discriminatory abuse should prompt consideration of safeguarding enquiries.

# Legislative Framework and Principles

## Equalities Statement

In the formulation of this protocol, we acknowledge our duties under the Equality Act 2010 and our general and specific duties under the Public Sector Equality Duty. These General duties include:

1. Eliminate discrimination, harassment, victimisation, and other conduct that is prohibited by the Equality Act 2010.

2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it.

3. Foster good relations across all protected characteristics between people who share a protected characteristic and people who do not share it

## The Care Act 2014

[The Care Act 2014](https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted) sets out the eligibility criteria which define whether an adult has care and support needs, and introduced a legal duty for Local Authorities to make enquiries about safeguarding concerns for adults who:

* Have needs for care and support (whether or not those needs are being met); and
* are experiencing, or are at risk of, abuse or neglect; and
* as a result of those needs are unable to protect themselves against the abuse or neglect or the risk of it.

Care and support can include practical, financial, and emotional support for adults who need extra help to manage their lives and be independent.

A transition assessment must be undertaken to assess a child’s needs when they are likely to have needs for care and support under the Care Act 2014 when they transition to the adult system.

The [Care Act Statutory Guidance 2020](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance) states that adult safeguarding means ‘protecting an adult’s right to live in safety, free from abuse and neglect’. This wider perspective of adult safeguarding indicates that all agencies and organisations who work with adults have a responsibility to support adults to live safely, promoting wellbeing and preventing the risk of abuse or exploitation.

While the Local Authority are not legally required to carry out safeguarding enquiries on behalf of adults who do not meet the statutory criteria outlined in Section 42(1) of the Care Act 2014, it has the power to undertake discretionary safeguarding enquiries where there are other factors, not related to care and support needs, which contribute to the abuse or risk of abuse and these factors preventthe adult from taking actions to protect themselves.

The guidance establishes that decisions should take account of the individual’s circumstances, rather than being based on age, behaviour or any conditions they might have. This fits with the principle of proportionate and least intrusive responses but also is notable in encouraging recognition of a young person’s needs and vulnerabilities over and above basic eligibility for support (Bridging the Gap 2018).

## Making Safeguarding Personal

[Making Safeguarding Personal](https://www.adass.org.uk/AdassMedia/stories/making%20safeguarding%20personal.pdf) is a person-centred, outcome focussed and rights based approach to adult safeguarding, which was incorporated into the Care Act 2014 guidance. It emphasises the importance of relationship-based practice, professional curiosity, and a multi-agency approach to supporting people. It emphasises a focus on individuals’ preferences, histories, circumstances and lifestyles to achieve a proportionate tolerance of acceptable risks, enhancing their involvement, choice and control as well as improving their wellbeing, quality of life and safety.

## Mental Capacity Act 2005

The [Mental Capacity Act 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents) is a statutory framework that protects the autonomy of people who have capacity to make their own decisions, from the age of 16. It protects people who lack capacity by ensuring that they are always involved in decisions relating to them, and that my decisions made on their behalf are made in the right way.

A mental capacity assessment must be carried out whenever there are doubts about someone’s ability to make a particular decision at a particular time, and there is a belief that the reason they may be unable to make a decision, due to an impairment of or a disturbance in the functioning of the mind or brain. For someone to have capacity they must be able to:

* understand relevant information given to them.
* retain that information long enough to be able to make the decision.
* weigh up the information to make the decision.
* communicate their decision.

These principles must be applied to every decision that needs to be made, as mental capacity is both ‘decision specific’ and ‘time specific’. If someone is assessed as lacking capacity, decisions can be made on their behalf in their ‘best interests’ as set out in the Mental Capacity Act. Concerns regarding capacity, and capacity assessments should be clearly and accurately recorded.

It is important to recognised that mental capacity can be affected by various factors including alcohol, mental health problems, and trauma. For a young person who is in an abusive situation, this means that careful consideration needs to be given to any threats, coercion and/or coercive control that they may be/have been experiencing. Experiences of abuse may start before a young person turns 18 and continue after this, and these experiences can continue to impact a young person’s capacity to make specific decisions.

## NICE Guideline 2016

NICE produced a quality standard [Transition from children’s to adults’ services for young people using health or social care services](https://www.nice.org.uk/guidance/ng43/chapter/recommendations) which describes the overarching principles for good transition in the period before, during and after a young person moves from children’s to adults’ services.

This quality standard draws upon best practice, research and knowledge from local area, and provides key information to improve adult social work professional knowledge and skills in working with young people transitioning to adulthood.

# Principles of Transitional Safeguarding.

## Key principles of Transitional Safeguarding.

[Bridging the gap: Transitional Safeguarding and the role of social work with adults](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/990426/dhsc_transitional_safeguarding_report_bridging_the_gap_web.pdf) knowledge briefing published in June 2021 by the Department of Health and Social Care put forward 6 principles of Transitional Safeguarding:

* **Evidence informed** – Evidence from research and practice, and the expertise of people with lived experience should be used to inform transitional safeguarding. Continuous learning and adaption from new learning is essential.
* **Contextual/ecological** – understanding and responding to the significant harm that young people can experience in a range of social contexts, outside of the family home and life. Promotes a systemic approach to assessment, intervention, and outcome measurement.
* **Transitional/developmental** – creating and providing services and pathways that reflect the distinct developmental needs in this stage of live. Recognising that each young person will have their own journey into adulthood. Flexibility between children and adult safeguarding processes with efforts made to align systems to create a more holistic offer.
* **Relational** – recognises the centrality of meaningful relationships in giving support to young people, that are based on person-centred and trauma-informed practice. Supporting young people to build resilience and exercise positive control in their live. Using inclusive and respectful language and avoiding terminology or expressions that could be victim-blaming.
* **Participative** - adopting a strengths-based approach; respecting young people’s expertise and enabling them to coproduce solutions and support rather than being treated as a passive recipient. This is as important at a strategic level as it is in practice, and is a key means of promoting a person’s sense of self-efficacy, by affording them autonomy and agency.
* **Attending to equality, diversity, and inclusion** - identifying where people’s safety and wellbeing is affected by structural and/or interpersonal discrimination and robustly addressing these within local systems. People’s safety and their experiences of support can be affected by racism, ableism, ageism, sexism or other forms of prejudice, and these can occur in tandem with each other. This requires us to adopt an anti-oppressive stance at all times and recognise the intersectionality of people’s lives.

## Contextual Safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people’s experiences of extra-familial abuse can undermine parent-child relationships.

Bristol has successfully implemented a contextual safeguarding approach which has included the strengthen of our assessment and planning processes and systems, the development of contextual pathways and better interventions for harm which is occurring outside of the home environment.

## Trauma informed approach

Trauma informed practice recognises the prevalence of trauma in people’s lives and acknowledges the potential effects that this can have on neurological, biological, psychological, and social development. Trauma informed practice:

* **Realises** the widespread impact of trauma.
* **Recognises** the signs & symptoms of trauma in the people that they serve & in their families, staff & others involved with the system.
* **Resists** re-traumatisation (actively seeks to resist this)
* **Responds** by fully integrating knowledge about trauma into policies, procedures & practices.

Young people who have experienced trauma are more likely to be at risk of harm because of the impact on their development. Research and practice evidence shows that young people who have experienced trauma may normalise abusive behaviour, have low self-esteem, and be more at risk of harm.

Creating relationships with these young people can take more time and effort, and are more likely to be successful when following the principles of trauma-informed care:

* Safety
* Trust
* Collaboration
* Choice
* Empowerment
* Cultural and Gender issues

## Person-centred and strength-based working

A person-centred and strength-based approach supports preventive work by building the young person’ resilience and ability to recognise and manage risks in the future. A person-centred approach means working with an individual to become aware of their strengths, existing resources, and informal support networks, whilst identifying what their needs are, and what risks they might be facing. Support is provided which focuses on achieving outcomes identified by the young person. This approach is about recognising people as ‘experts in their own lives’ and is facilitated by agencies and organisations working in partnership with an individual and their families and carers.

## Participation and voice of Young People

The Transitional Safeguarding Group will ensure that decisions are informed by children and young people and that where necessary and appropriate co-production will take place. This will be achieved through Safer Options, talking to Through Care team the Young People’s Shadow Board and locally commissioned participation groups.

## Multi-agency and joint working

To support young people at risk to achieve the best possible outcomes, partner agencies and organisations need to work effectively together. A collaborative multi-agency, cross-sector approach is vital to effective transitional safeguarding practice. Statutory and voluntary agencies must develop mutual and clear understanding of their work with others and work collaboratively whilst involving the young person and their families. Transitions should not be seen as the core responsibility of one agency, but as a joint effort across all agencies that are or could be involved.

# Response from KBSP Partners

## Children Social Care Services

If you have [Concerns about a child](https://www.bristol.gov.uk/residents/social-care-and-health/children-and-families/concerns-about-a-child) or young person (aged under 18) who is at risk of harm, exploitation or abuse, a referral should be made to Children’s Social Care via First Response. Children’s Social Care can assess the risk posed to the child and any risk that they may pose to others and where appropriate can assess a child under s47 of s17 of the Children Act 1989.

If a strategy discussion is convened and the young person is aged 17 years or over, a Safeguarding Adults Manager or appropriate representative from Adult Social Care should be invited to the meeting to ensure there is a clear plan and suitable arrangements to enable the young person to transition successfully once they are 18 years.

Under the [Children (Leaving Care) Act 2000](https://www.legislation.gov.uk/ukpga/2000/35/contents) young people in care should not leave until they are ready, and should get sufficient support when they do leave. The Act places a responsibility on local Authorities for care leavers until they are 21, or 24 if they are in full-time education. They should be provided with a Personal Adviser who can offer support to live independently and to and help link them into other services where needed.

## Adult Social Care Services

The Care Act 2014 guidance can be applied to anyone over the age of 18 years including young adults whose experiences and trauma mean they may need support to live safely even if they do not have defined care and support needs. In accordance with the Act where someone is aged 18 years and over and a safeguarding concern is raised, this must be dealt with as a matter of law under Safeguarding Adults procedures.

It is important that Adult Social Care can clearly identify a referral relating to transitional safeguarding of a young adult and ensure this is assessed on a case-by-case basis with appropriate enquiries undertaken. The Care Act requires local authorities to make proportionate enquiries (or to make sure that, as the lead agency, enquiries are carried out by the relevant organisation) where there is a concern about the possible abuse or neglect of an adult at risk.

A Section 42 enquiry must take place if there is reason to believe that abuse or neglect is taking place or is at risk of taking place, and the local authority believes that an enquiry is needed to help it to decide what action to take to support and protect the person in question. An enquiry may take the form of a conversation with the individual concerned (or with their representative or advocate) or involvement of another organisation or individual. Or it may lead to a formal multi-agency plan to ensure the wellbeing of the young adult concerned.

Those wishing to refer into adult safeguarding should do by making a referral [here](https://www.bristol.gov.uk/residents/social-care-and-health/adults-and-older-people/report-suspected-abuse) or you can call Care Direct on 0117 922 2700, 8.30am to 5pm, Monday to Friday. There's an answerphone service outside these hours.

# Education

A pupil ceases to be of compulsory school age on the last Friday in June of the school year in which they reach the age of 16. After this one of the following must be considered:

* stay in full-time education, for example at a college.
* start an apprenticeship.
* spend 20 hours or more a week working or volunteering, while in part-time education or training

The transition to post 16 provision is varied and sometimes complex. Each of these avenues requires the support from the dedicated Post 16 Team to ensure the destination of each pupil is known and where appropriate, information is shared. Keeping Children Safe in Education (2023) states that the transfer of safeguarding files should be undertaken within 5 working days of the start of a new term following a standard transition point such as KS4 to Post 16 provision. The reality of this transfer is that it can take longer for settings to establish and confirm attendance, this can be for a variety of reasons such as having applied for more than one course or setting or not receiving the required grades to access the course. There is advice and guidance to support settings on mitigating some of these issues and supporting better information sharing into Post 16 settings available on the [Safeguarding in Education Team website](https://www.bristolsafeguardingineducation.org/).

Additionally, where a pupil transitions into an apprenticeship or work it may not be deemed suitable to share safeguarding information with an employer. For any child or young person who does not transfer into education, employment or training they will be recorded as NEET (Not in Education, Employment or Training). This can increase the vulnerability of these young people.

In the interests of transitional safeguarding, it is essential that all professionals and the young person take a co-ordinated approach and are aware of the benefits of sharing some information for the purposes of safeguarding and to ensure the best possible chance of success. Any professional who is concerned about a young person being NEET or becoming NEET, should refer to the ‘Your choices after 16’ guidance and here they can access a referral form to request support from the Post 16 Participation Team.

## Police, including Violence Reduction Partnership

If there are concerns about a young person aged 18-25 and worry that they might be the victim of exploitation, modern slavery, trafficking, sexual abuse or domestic abuse, this can be reported to the police online [Report | Avon and Somerset Police](https://www.avonandsomerset.police.uk/report/) or by calling 101 or 999 in an emergency.

Where there are concerns that young people aged 18-25 are being exploited or are victims of modern slavery or trafficking, they are reviewed by the police and local authority via the Violence Reduction Partnership - Safer Options. Safer Options is a coordinated whole system response to prevent serious violence and exploitation. It is designed to support individuals to make changes which are most likely to reduce and prevent serious violence in the city, enabling the young person to be safe and to reach their full potential.

Safer Options work with partners to look at ways to identify young people who are at risk of harm from exploitation and involved in serious youth violence. They ensure that all information is appropriately shared with partner agencies; development of pathways; and commissioning appropriate interventions services. They also ensure young people who are 18-25 are correctly signposted into further support through interventions, diversionary activities and prevent criminal activity.

There is also a working group who review prison releases of individuals aged 18-25 that were previously engaged in the Safer Options team and remain high risk. For those young people who remain high risk on release from prison, consideration is given for Integrated Offender Managers (IOM) to ensure pathway support can be put in place working alongside other services.

## Probation

Bristol and South Gloucestershire Probation Service has an 18-25 team, in recognition that this cohort of offenders make up more than a third of Probation’s caseload and a third of those sent to prison.

The 18-25 teamwork with the Youth Justice Service’s (YJS) transitions to assist with their pathway from YJS to NPS. There are currently two Probation Officer’s co-located with YJS staff (in Bristol YJS and South Gloucestershire YJS) for part of the working week to enhance their knowledge and understanding of YJS practices, assessments, and interventions. This team member holds a small caseload of Young Offenders whilst they are at YJS and have completed specific training such as ‘Being Trauma Informed’ and ‘Adverse Childhood Experiences (ACES)’ which has helped to inform their learning and practice on how best to support and engage with young offenders and recognise the signs when a young person is distressed. The team also work closely with other partnership agencies to best support these young people.

## Health

As per Safeguarding Accountability and Assurance Framework 2022, ‘Safeguarding is firmly embedded within the core duties and statutory responsibilities of all organisations across the health system. However, there is a distinction between providers’ responsibilities to provide safe and high-quality care, and commissioners’ responsibilities to assure themselves of the safety and effectiveness of the services they have commissioned.

The context of safeguarding continues to change in line with listening to the lived experience narrative both locally and nationally, large scale inquiries and legislative reforms.

Fundamentally, it remains the responsibility of every NHS funded organisation, and each individual healthcare professional working in the NHS, to ensure that the principles and duties of safeguarding children and adults are holistically, consistently and conscientiously applied; the wellbeing of those children and adults is at the heart of what we do.

Every NHS funded organisation needs to ensure that sufficient safeguarding leadership capacity is in place for them to fulfil their statutory duties; they should regularly review their arrangements to assure themselves that they are working effectively to the safeguarding commissioning assurance toolkit (safeguarding[1]CAT). Organisations need to co-operate and work together within new demographic footprints to seek common solutions to the changing context of safeguarding and developing structural landscape needed to deliver the NHS Long Term Plan.’

Everyone has the right to access primary care within the UK, and a consultation with a primary care healthcare professional is their opportunity to raise any health concerns, whether these are physical or psychological. These professionals will also utilise their professional curiosity to explore all concerns raised, and they will treat all individuals with dignity and respect, whilst also trying their best to meet their health needs.

Where colleagues raise concerns directly to a healthcare professional, primary care colleagues, including GPs, will endeavour to manage and balance those concerns with the need to maintain confidentiality. Ensuring patients’ health is protected but also that confidentiality is maintained, save for those very rare circumstances where we are obliged to divulge information, we feel this provides patients with the best care possible, both now and in the future.

Primary Care Health professionals will work collaboratively with and for the patient in all aspects of their care. They will provide professional and measured responses to all queries and will explain their decision-making processes to colleagues to ensure there is understanding around those delicate aspects of privacy, confidentiality, and health. We hold at the forefront of our minds that health and safeguarding people to maintain a healthy life, is a thread that runs from cradle to grave and is remembered in all interactions that occur in primary care.

## Information Sharing

The KBSP Information Sharing Guide protocol outlines the necessity for

sharing information between organisations and agencies for the purposes of

Safeguarding.

If the young person is in receipt of Children’s Services and will require transition

to Adult Services, any relevant previous safeguarding concerns (e.g. ones of a

similar concern and/or where there is a risk of recurrence) should be shared at

the earliest opportunity (e.g. during planning preceding the young person’s 18th

birthday)

## Young people who may pose a risk to others.

Where there is a concern about a young person who is aged 17 years and above posing a risk to others, information should be shared appropriately with professionals and agencies who may work with the young person when they reach adulthood. Multi-agency forums where these issues may be discussed include:

* **Multi-Agency Public Protection Arrangements (MAPPA)** and Potentially Dangerous Person (PDP) Procedures. MAPPA considers offenders assessed as posing a high or very high risk of causing serious harm and where the risk posed requires management at a senior level through a multi-agency collaboration. Referral into PDP occurs when person who 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.
* **Multi-Agency Risk Assessment Conference (MARAC).** MARAC considers high risks victims of domestic violence, and includes perpetrators aged 16 and over.
* **Channel Procedures** – Channel is a process to identify a person who would benefit from early intervention and support away from the threat of radicalisation. The focus is on identifying those at risk, assessing the nature and extent of the risks, and identifying the most appropriate support plan. This includes children and adults.
* **Safeguarding Adults or Children’s procedures**. Where the risk posed is to other children or adults at risk. This includes where the child or adult may pose a risk to themselves e.g. self-neglect.

If it is felt that none of the above applies, then a Multi-Agency Risk Management meeting should be considered. The need to refer into the statutory processes should be revisited should further information suggest they would apply.

# Appendix 1 – Suggested further reading

Holmes, D. and Smale, E. (2018) ‘Mind the Gap: Transitional Safeguarding – Adolescence to Adulthood.’

‘[Bridging the Gap: Transitional Safeguarding and the role of social work with adults.](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attac%20hment_data/file/990426/dhsc_transitional_safeguarding_report_bridging_the_gap_%20web.pdf) DHSC, Research in Practice, LGA, BASW, ADASS, NWG.

NICE guidelines ‘[Transition from children’s to adults’ services for young people using health or social care services](https://www.nice.org.uk/guidance/ng43/chapter/recommendation)’

Legislation, Statutory Guidance and Government Non-Statutory Guidance:

[The Care Act 2014](https://www.legislation.gov.uk/)

[Care and Support Statutory Guidance 2021](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance)

[Working Together To Safeguard Children 2018](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2)

[Mental Capacity Act Code of Practice 2007](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921428/Mental-capacity-act-code-of-practice.pdf)

Local Guidance:

<https://bristolsafeguarding.org/policies-and-guidance/safer-options-contextual-safeguarding-and-extrafamilial-harm/>