
West Sussex
Safeguarding Adults
Board
Making Safeguarding Personal



West Sussex Safeguarding Adults Board and West Sussex Safeguarding Children Partnership

Safeguarding Young People 17.5+ Protocol

With thanks to Newcastle Safeguarding Adults Board, from whose Protocol this document was developed.

Document history

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1. Introduction

1.1. Purpose of the Protocol

- 1.1.1. This Protocol sets out the arrangements for young people aged 17.5 years to 25 years, whose circumstances may mean that Safeguarding Adults' procedures would apply when they are 18. This includes young people:
 - Who have care or support needs, whether those needs are being met or not, and includes young people who are in receipt of the West Sussex County Council (WSSCC) Leaving Care service and,
 - Are experiencing, or at risk of, abuse or neglect and as a result, are unable to protect themselves from the abuse or neglect, or the risk of it (Care Act (2014)).
- 1.1.2. Professional curiosity and Making Safeguarding Personal are key to ensuring safeguarding criteria is applied appropriately and flexibly given the range of factors that can contribute to risk and harm of young people (please see section 1.5). It is for the WSSCC Safeguarding Hub to triage and determine whether criteria are met.
- 1.1.3. Whilst the Care Act sets out criteria for Adult Safeguarding, as detailed below, it is important to note that consideration is given to the holistic circumstances of young people and the vulnerabilities and risks they have, given the types of abuse they may experience, and includes the impact of previous abuse.
- 1.1.4. It is therefore crucial that referrals and contacts are made with Safeguarding Adults to ensure the criteria is applied correctly, and that it is not assumed that young people will not meet the criteria for Adult Safeguarding and/or other support plans.
- 1.1.5. As a rule, if in doubt, check it out by contacting the Adult Safeguarding Hub's professional line: 01243 642121.

1.2. Care and support needs

- 1.2.1. Care and support is the mixture of practical, financial, and emotional support for adults who need extra help to manage their lives and be independent. This includes older people, people with a disability or long-term illness, people with mental health problems, and carers.
- 1.2.2. Care and support includes the assessment of people's needs and consideration of services to meet needs, including allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.
- 1.2.3. The Care Act (2014) sets out the eligibility criteria which define whether an adult has care and support needs. If they do, then these needs must be met fully, or in part by the Local Authority. The national eligibility criteria set a minimum threshold for adult care and support and carer

support - all Local Authorities must, at a minimum, meet needs at this level.

- 1.2.4. The threshold is based on identifying how an individual's needs affect their ability to achieve relevant desired outcomes, and whether consequently, this has a significant impact on their wellbeing.
- 1.2.5. The overall aim of adult care and support is to help people meet their needs to achieve the outcomes that matter to them in their lives and which in turn promote their wellbeing.

1.3. Definition and background

- 1.3.1. Transitional safeguarding is defined by the Department of Health and Social Care (2021) as an activity that falls outside the traditional notions of safeguarding and transitional planning.
- 1.3.2. The specificity of this type of activity requires practitioners to view safeguarding and transitions in a wider sense of human needs and experiences, rather than solely eligibility.
- 1.3.3. This Protocol does not relate to overarching transitional pathways, but instead focuses on how to safeguard young people who are 17.5+ when they are at experiencing or at risk of abuse and/or neglect.
- 1.3.4. The Protocol relates to those young people transitioning from Children's Services to independence, as well as those transitioning from Children's Services to Adult Social Care.
- 1.3.5. This Protocol is essential given that Adult Safeguarding and Children's Safeguarding services are governed by different legislations, practice, and policies. Transitional safeguarding therefore relies on collaborative, joined-up approaches to policy and practice, and should be applied in a holistic way that benefits and recognises the context of the local communities it serves and the person at the centre of the enquiry.

1.4. Cognitive development

- 1.4.1. It is useful for practitioners to recognise that 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).
- 1.4.2. The process from adolescence to adulthood is different for everyone. Even though some young people may not have formally defined care and support needs, some young people may still require support to be safe and well during this phase of their lives.
- 1.4.3. Regarding domestic abuse, sexual and criminal exploitation, it is essential to recognise the ongoing developmental cognition of a young person. This is because the young person may not recognise the sophisticated methods of exploitation that abusers will use to coerce and control young people.
- 1.4.4. As stated by the Department of Health and Social Care (2021); these types of harm, and their impacts, rarely cease when a person reaches 18.

And the withdrawal of support may increase the young person's vulnerability, exposure to potential abusers, and increase their propensity to become involved in perpetrating harm too. Which is why the approach to transitional safeguarding should always be holistic, relational, and based on person-centred perspectives.

2. Mental Capacity

- 2.1. The Mental Capacity Act (2005) applies to all people over the age of 16 in England and Wales and should be understood in accordance with the Family Law Reform Act (1969) which states that; young people aged 16 and over can consent to medical treatment, care, and support provision. However, if concerns around the young person's capacity to consent, or make specific decisions is in question, then a Mental Capacity assessment should be completed.
- 2.2. 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 which are not open to Children's Services. If support is required, please contact [The Safeguarding Hub](#).
- 2.3. Clear and accurate recording of concerns regarding capacity, and assessments of this, should be documented.
- 2.4. 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 been and/or are experiencing including when these commenced. 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.
- 2.5. Mental Capacity is time and decision specific so there may be a need to repeat assessments.
- 2.6. Advice on the MCA should be sought from senior practitioners/team managers. Further information can be found from the [MCA Code of Practice](#).

3. Abuse and/or neglect

- 3.1. The Care and Support Statutory Guidance (2014) states that people "should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered".
- 3.2. Abuse could be physical, financial, emotional, sexual or neglect. It also includes domestic abuse, organisational abuse, modern slavery, discriminatory and self-neglect.
- 3.3. It 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 and therefore, their need for safeguarding processes to support. It is important to ensure that the following particular areas of abuse are considered when working with young people.

3.4. Domestic abuse

- 3.4.1. 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 behavior, 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.
- 3.4.2. 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.

3.5. Criminal exploitation

- 3.5.1. It is necessary to consider whether a young person is being groomed and/or exploited for sexual exploitation and/or criminal exploitation.
- 3.5.2. Local Child Safeguarding Practice Reviews have identified learning from cases of exploitation, including sexual exploitation. Access to the reviews are via the [Safeguarding Children's Partnership website](#). One of the key learning messages is the need to understand contextual risks which adolescents experience. For further information regarding contextual risks please see [Firmin and Knowles \(2020\) update on Contextual Safeguarding](#).
- 3.5.3. It is also important to consider the recommendations from the Independent Inquiry into Child Sexual Exploitation in Rotherham (Jay OBE, 2014). For instance, if a young person is believed to be a victim of, or at risk of sexual exploitation, then the inquiry states: 'the young person is not capable of consenting to the abuse'.
- 3.5.4. In West Sussex, there have been several recent cases where young people have been victims of exploitation in relation to County Lines Organised Criminal Groups and Cuckooing.
- 3.5.5. The UK Government (2021) define County Lines as:
- 3.5.6. "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'.
- 3.5.7. 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".
- 3.5.8. The National Crime Agency (2018) define cuckooing as:
- 3.5.9. "Drug dealers who take over a local property, normally belonging to a vulnerable person, and use it to operate their criminal activity from."

- 3.5.10. It is important to be mindful that often young people do not see themselves as victims or realise they are/have been groomed to become involved in criminal activities or be sexually exploited.
- 3.5.11. It is also important to consider that whilst a young person may pose a risk to others in these situations, including presenting as a perpetrator of violence or exploitation, they may potentially be a victim as well and therefore, also require safeguarding.
- 3.5.12. Tackling exploitation is a complex task. There are similarities between different forms of exploitation and the criminal and sexual exploitation of young people may overlap. Victims of exploitation may, at any one time, be subject to both. It is vital that frontline practitioners recognise, and by working together, deploy tactics to disrupt multiple types of exploitation when they occur. For further information see the [Child Exploitation Disruption toolkit](#).

3.6. Structural inequalities

- 3.6.1. Practitioners should consider structural inequalities when safeguarding young people. For instance, some young people may have protected characteristics which may disadvantage them from having equal access to opportunities for support or may increase their potential risk of harm and abuse. Therefore, safeguarding young people should always recognise potential structural inequalities and focus on diversity, equality, and inclusion.

4. Making Safeguarding Personal

- 4.1. As with all Adult Safeguarding processes, it is imperative that the young person is kept at the heart of all work taken forward to ensure they are involved in determining their safeguarding outcomes. This means that their views, wishes, beliefs and cultural factors should be sought, checked on, responded to, and documented throughout the safeguarding process.
- 4.2. Please see the WSSAB's [Making Safeguarding Personal learning briefing](#).

5. The wider context to Safeguarding for Transition aged Adults

- 5.1. This Protocol is in tandem with the transition arrangements between West Sussex Children's Services and West Sussex Adult Services, including the WSCC Adult Services' Practice Guidance and WSCC's Transition to Adulthood Panel.

6. Safeguarding Procedure

- 6.1. If you have concerns that a child who is aged under 18, or a young person over 18, is at risk of harm, please complete the [online Safeguarding Referral Form](#).
- 6.2. If the concern is regarding a person under 18, the referral will go to Children's Services; if the person is 18 or over, it will go to Adult Services for consideration.

- 6.3. The Care Act 2014 states that where someone is aged 18 years and over and a safeguarding concern is raised, the concern must be dealt with, as a matter of course, under Safeguarding Adults procedures. For example, a 19-year-old receiving care or support from a children's or young people's service, who is identified as being at risk of harm, must be safeguarded via the Safeguarding Adults procedure, and multi-agency procedures followed as usual.
- 6.4. If the young person is aged 17.5 years or over, it may be appropriate for a representative from Adults Social Care to be involved in the safeguarding process being led on by WSCC's Children's/Leaving Care services. It would be appropriate to invite a representative from Adult Services if the safeguarding concern is anticipated to continue post the young person turning 18.
- 6.5. To invite a representative from Adult Social Care, contact should be made initially with the [Safeguarding Adults Hub](#) who will consider and ensure an Adults Social Care representative is identified.
- 6.6. There will be a decision made about who is best placed to progress the safeguarding, that is Adults Social Care or Children's Services. This decision will be made with both Adult Social Care and Children's Services involvement and agreement.
- 6.7. Where it is agreed that Safeguarding Adults procedures are appropriate, any information regarding concerns will be shared fully by Children's Services with Adult Social Care. When information is handed over, the start date for the Adult Safeguarding process should be clear and communicated to all involved.
- 6.8. Where an initial safeguarding plan is required post 18 years old, this should be determined no later than one month prior to the young person's 18th birthday, where this is possible. It will be essential that services who are working with (or that did work with) the young person, contribute to this initial safeguarding plan. Consideration will need to be given as to how the young person will be involved, and whether they will need any support.
- 6.9. If there is an existing plan, this should be reviewed jointly between Adults Social Care and Children's Services. From this point onwards, [Safeguarding Adult's procedures](#) will apply.
- 6.10. Once all avenues have been explored under safeguarding to mitigate against risk, if risk remains high and/or the young person is not engaging, there should be consideration of referring to the Safeguarding Adults Board's Multi-Agency Risk Management (MARM) Subgroup. The MARM Protocol and how to refer is available on the [West Sussex Safeguarding Adults Board website](#).
- 6.11. If safeguarding processes are closed but subsequently further information indicates safeguarding risk, a new referral should be made.

6.12. WSSAB's Threshold Guidance

- 6.12.1. To support referrers, the WSSAB has a [Threshold Guidance](#) on a range of concern areas to help referrers consider if concerns are reportable, not reportable, or need consultation prior to referral.
- 6.12.2. Please refer to this guidance when considering referring to safeguarding.
- 6.12.3. The WSSAB will be creating a section in this guidance for safeguarding young people.

7. Information sharing

- 7.1. The WSSAB's [Information Sharing Guide Protocol](#) outlines the necessity for sharing information between agencies and departments for the purposes of Safeguarding.
- 7.2. 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 (i.e., during planning preceding the young person's 18th birthday).

8. Young people 17.5+ years old and above posing a risk to others

- 8.1. Information about this risk should be shared appropriately with professionals who may work with the young person when they reach adulthood.
- 8.2. The young person who poses the risk may not come under Safeguarding procedures unless they are themselves experiencing or, at risk of abuse and/or neglect.
- 8.3. The person at risk from a young person, if they appear to have care and support needs, may meet the threshold for support under Safeguarding. If this is the case the section 6 above, Safeguarding Procedure, should be followed.

9. Arrangements for out-of-area Safeguarding

- 9.1. In accordance with the ADASS Safeguarding Adults Policy Network Guidance (2016), when a young person is in receipt of funding from an out-of-area Local Authority but resides in West Sussex and a Safeguarding concern is raised within the county, it will be the host authority (i.e., WSCC) who holds responsibility to decide if Children's, or Adults Services, would be best placed to triage and co-ordinate any necessary enquiries.
- 9.2. This means that WSCC have responsibility to ensure liaison between Children's services, Adults services or both from each Authority (i.e., the funding, out-of-area Local Authority and the place-of-residence Local Authority).
- 9.3. The procedure set out in section 6 of this Protocol will apply.

- 9.4. When a young person is funded by West Sussex and placed out-of-area, the opposite of the above should be followed.

10. Arrangements for Safeguarding Adults Reviews (SARs)

- 10.1. If a young person, 18 years or over, dies and abuse and/or neglect is suspected, the [Safeguarding Adults Board's Adults Death Protocol \(ADP\)](#) should be considered.
- 10.2. If the ADP Protocol proceeds, the multi-agency meeting convened will consider whether a SAR is indicated or not and, who would be best placed to refer.
- 10.3. If the ADP is not followed, but there is concern that multi-agency learning from the adult partnership is indicated, a [referral](#) should be completed and sent to the [WSSAB mailbox](#) with reference to the [Pan-Sussex SAR Protocol and Guidance for Referrers](#).
- 10.4. If the young person is 18 or 19 years old and has been known to Children's Services recently and not Adult Services, then Children's Services should in the first instance, consider the work completed with the young person and any areas where there is an indication for learning.
- 10.5. If multi-agency learning is indicated, a SAR referral can be completed and forwarded to the WSSAB.
- 10.6. The referral will be triaged and considered by the WSSAB SAR Subgroup with the referrer and senior member of WSCC Children's Services, to confirm whether the SAR criteria has been met, and if so, what type of Review will progress and with which Board leading on the work.
- 10.7. If there is a dispute of which Board should be leading, the Chairs of both Boards along with the WSCC's Adults Assistant Director for Safeguarding, Planning and Performance and Children's Head of Safeguarding, will together, decide on a way forward.

11. References

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