

# **Essex County Council Children & Families Service and Adult Social Care**

## **Safeguarding Young People 17.5+ Protocol**

*With thanks to West Sussex Safeguarding Adults Board, from whose Protocol this document was developed.*

## 1. Document history

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## 2. Introduction

### 2.1 Purpose of the protocol

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 years old and beyond. 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 Essex Leaving & After Care services and those who have formerly been open under Child In Need and/or Child Protection Plans.
- 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)

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. It is for the Essex Social Care Direct to triage and determine whether criteria is met.

Whilst the Care Act sets out the 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.

It is, therefore, crucial that referrals and contacts are made with Adult Social Care 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.

As a rule, if in doubt, check please contact the service manager for safeguarding ([alison.clark@essex.gov.uk](mailto:alison.clark@essex.gov.uk)) or the team manager for the Central Safeguarding Triage Team ([emma.cox@essex.gov.uk](mailto:emma.cox@essex.gov.uk)) who will be able to offer advice.

### 2.2 Care and Support needs

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 - including older people, people with a disability or long-term illness, people with mental health problems, and carers.

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.

The statutory duties relating to the care and support of adults are primarily located within the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 2014

One of the key principles of the Care Act 2014 is about wellbeing, which includes someone's physical, mental and emotional wellbeing; their protection from abuse and neglect and for adults to have control over their day-to-day life and decisions. Adult Social Care uses a strengths-based approach to assessment, to help someone to meet their care and support needs and to achieve outcomes which are important to them although not all outcomes are always met by the local authority.

### **2.3 Definition & Background**

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*.

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.

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.

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.

This protocol is essential given 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.

## **2.4 Cognitive Development**

It is useful for practitioners to recognise that research now suggests that the human brain does not reach maturity and continues to develop until around the age of 25 years old (Blakemore, 2020).

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.

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.

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 years old. 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.

## **3. Mental Capacity**

- 3.1 The Mental Capacity Act (2005) applies to all people over the age of 16 years old 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.
- 3.2 If there is need to consider the mental capacity of a young person to make a decision, and they are aged 16 and over, then a mental capacity assessment should be completed. The Mental Capacity Act sets out 5 guiding principles that must inform practice related to supporting people aged 16 years or over to make decisions. It is important to note that the MCA specifies that an assessment of capacity should be completed for each decision. Some people will have capacity to make certain decisions but may lack capacity in other areas.

- 3.3 The lead assessor would be the best interest decision maker if the young person is deemed unable to make decision, therefore identifying who undertakes the mental capacity assessment needs consideration prior to the assessment. For example, if a decision needed to be made in relation to a medical procedure, a medical professional would be the lead assessor and therefore they would be the best interest decision maker for this specific decision; whilst a decision about care and support needs would be the responsibility of Social Care to lead. Further information can be found here: [MCA & DoLS](#)
- 3.4 Clear and accurate recording of concerns regarding capacity and, assessments should be documented.
- 3.5 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. Mental Capacity is time and decision specific so, there may be a need to repeat assessments.
- 3.6 Advice on the MCA should be sought from senior practitioners/team managers. Further information can be found from the [MCA code of practice](#).

## **4. Abuse and/or Neglect**

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".

There are 10 categories of abuse documented within the Care Act 2014. These are: physical, financial, emotional, sexual or neglect. It also includes domestic abuse, organisational abuse, modern slavery, discriminatory and self-neglect.

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.

#### **4.1. 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.

#### **4.2. Exploitation**

It is necessary to consider whether a young person is being groomed and/or exploited for sexual exploitation and/or criminal exploitation.

Local Child Safeguarding Practice Reviews have identified learning from cases of exploitation, including sexual exploitation. Access the reviews via the [Essex Safeguarding Children Board](#) website. One of the key learning messages is the need to understand contextual risks which adolescents experience. In Essex we refer to this as 'Risk in the Community', which can also be known as Contextual Safeguarding. Our approaches to this harm and supporting protocols can be found on this link on the [Essex Safeguarding Children Board website](#). 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'.

In Essex, the prevalence of young people becoming victims of home invasion (aka cuckooing), including the links with County Lines, has been an increasing concern in recent years. 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".

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 people may not see themselves as victims or realise they are/have been groomed to become involved in criminal activities or be sexually exploited.

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.

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](#).

#### **4.3. Structural inequalities**

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.

## **5. Making Safeguarding Personal**

- 5.1 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 experiences, views, wishes, beliefs and cultural factors should be sought, checked on, responded to, and documented throughout the safeguarding process.
- 5.2 The Care Act 2014 also makes explicit the requirement for making safeguarding personal. Ensuring that the adult is held at the centre of safeguarding process and that where possible, their wishes and feelings and outcomes are supported. Further Detail can be found in the Southend Essex & Thurrock (SET) safeguarding [guidance](#)



## **6. The wider context to Safeguarding for Transition aged Adults**

This protocol is in tandem with the transition arrangements between Essex Children & Families Services and Essex Adult Services, including the 'Social Care Case transfer protocol: Children and Families to Adult Social Care (for adults with disabilities)'. [Essex Adult Social Care Practice Guidance and Transition to Adulthood](#)

## **7. Safeguarding Procedure**

- 7.1 If you have concerns for a child who is aged under 18 years old complete the [Request for Support form](#), the referral will go to the Children & Families Hub.

If you have a concern that a young person over 18 years old is at risk of harm, please complete the SETSAF form (available from the Essex [Safeguarding Adult Board](#) website) and email to [Socialcaredirect@essex.gov.uk](mailto:Socialcaredirect@essex.gov.uk). The referral will go to Essex Adult Social Care.

- 7.2 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.
- 7.3 If the young person is aged 17.5 years and over, it may be appropriate for a representative from Adults Social Care to be involved in the safeguarding processes being led on by Essex Children & Families/Leaving & After Care Services. It would be appropriate to invite a representative from Essex Adult Social Care services if the safeguarding concern is expected to continue beyond the young person turning 18 years.
- 7.4 To invite a representative from Essex Adult Social Care services, contact should be made initially with [Essex Adult Social Care](#) through MACE 1.

There will be a decision made about who is best placed to progress the safeguarding, that is Essex Adult Social Care or Children &

Families services. This decision will be made with both Adult Social Care and Children & Families services involvement and agreement.

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.

- 7.5 Where an initial safeguarding management plan is required post 18 years old, this should be determined no later than one month prior to the young person's 18<sup>th</sup> 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.

If there is an existing plan this should be reviewed jointly between Adult Social Care and Children & Families services. Adult Social Care will assume responsibility from the young person's 18<sup>th</sup> birthday.

- 7.6 Once all avenues have been explored under safeguarding to mitigate against risk, if risks remains high and/or the young person is not engaging, there should be consideration of referring to the Essex Adult Social Care Risk Enablement Board which is a multi-agency meeting led by the Adult Principal Social Worker. (Insert link here).

**7.7 When a referral is not accepted**

- 7.8 If a referral is made and Social Care Connects do not progress the referral and deem it does not meet their threshold and the referrer disagrees, they need would need to contact the Service Manager for Safeguarding in Adult Social Care in the first instance ([alison.clark@essex.gov.uk](mailto:alison.clark@essex.gov.uk)) or the Team Manager for the Central Safeguarding Triage Team ([emma.cox@essex.gov.uk](mailto:emma.cox@essex.gov.uk))

- 7.4 If a referral is made by Children & Families service to Adult Social Care and there is disagreement that threshold has been met for safeguarding adult procedures, then the respective service manager for Children & Families service and Adult Social Care will together, decide on the way forward, if agreement cannot be reached there will be a discussion with the respective Social Care Director's for Children & Families and Adults, who will make a final decision,

following advice from the respective Directors of Safeguarding.

## **8. Information Sharing**

- 8.1 For further information in relation sharing information agreements please see: Information sharing protocols: [Information sharing protocols: Information sharing protocols: Safer Community | Essex County Council](#)
- 8.2 If the young person is in receipt of Essex Children & Families services and will require transition to Essex Adult Social Care, 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 18<sup>th</sup> birthday).

## **9. Young people 17.5+ years old and above Posing A Risk to Others**

- 9.1 Information about this risk should be shared appropriately with professionals who may work with the young person when they reach adulthood.
- 9.2 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.
- 9.3 The person at risk from the young person, if they appear to have care or support needs, may meet the threshold for support under safeguarding. If this is the case, section 7 above 'Safeguarding Procedure' should be followed.

## **10. Arrangements for Out-of-Area Safeguarding**

- 10.1 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 Essex and a safeguarding concern is raised within the county, it will be the host authority (i.e. Essex Adult Social Care/Essex Children & Families service) who holds responsibility to decide if Children's, or Adults services, would be best placed to triage and coordinate any necessary enquiries.

This means that Essex County Council have responsibility to ensure

liaison between Children's services, Adult services or both from each Authority and vice versa (i.e. the funding, out-of-area Local Authority and the place-of-residence Local Authority).

The procedure set out in section 7 will then apply.

- 10.2 When a young person is funded by Essex County Council and placed out-of-area, the opposite of the above should be followed.

## **11. Arrangements for Safeguarding adult Reviews (SAR)**

- 11.1 If a young person, 18 years or over, dies and abuse and/or neglect is suspected, the person should be referred to the Essex Safeguarding Adult Board for consideration of a Safeguarding Adult Review (SAR) .
- 11.2 If the protocol proceeds, the multi-agency meeting convened will consider whether a SAR is indicated or not and, who would be best placed to refer. Any referral would then be considered by the SAR sub committee to decide whether the threshold is met for a statutory safeguarding adults review or a discretionary review.
- 11.3 If the young person is 18 or 19 years old, has been known to Essex Children & Families service recently and not Essex Adult Social Care, 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.
- 11.4 If there is a dispute of which Board should be leading, the Chairs of both Boards along with Essex Adult Social Care Director for Safeguarding and Essex Children & Families service Director for Safeguarding, will together, decide on the way forward. It could be that a SAR is jointly commissioned and completed by Children's and Adults Boards.

## 12. References

- UK Legislation, [online], [The Care Act \(2014\)](#)
- Department of Health and Social Care (2021), [online], [Bridging the gap transitional safeguarding and the role of social work with adults: A knowledge briefing](#)
- Jay OBE, A. (2014), [online], [Independent Inquiry into Child Sexual Exploitation in Rotherham](#)
- Firmin, C. and Knowles, R. (2020), [online] [The legal and policy framework for Contextual Safeguarding approaches A 2020 update on the 2018 legal briefing](#)
- GOV.UK. (2021), [online], [County Lines exploitation: applying All Our Health](#)
- National Crime Agency (2018), [online], [County Lines - National Crime Agency](#)
- Blakemore, S.-J. (2020). *INVENTING OURSELVES: the secret life of the teenage brain*. S.L.: Public Affairs
- UK Legislation, [online], [Mental Capacity Act \(2005\)](#)
- UK Legislation, [online], [Family Law Reform Act \(1969\)](#)
- Directors of Adult Social Services (2016), [online], [ADASS Safeguarding Adults Policy Network Guidance, Out-of-Area Safeguarding Adults Arrangements](#)