



## **Hampshire, Isle of Wight, Portsmouth and Southampton Local Safeguarding Adult Boards**

**A multi-agency framework for managing risk  
and safeguarding people moving into  
adulthood**

**May 2022**

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## Hampshire, Isle of Wight, Portsmouth and Southampton

### A Multi-Agency Framework for Managing Risk and Safeguarding People Moving into Adulthood

#### 1. Introduction

The Multi-Agency Framework for Managing Risk and Safeguarding People Moving into Adulthood has been developed as a collaboration between the Local Safeguarding Adult Boards (LSAB) covering the Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) area and is fully supported and endorsed by the Local Safeguarding Children's Partnerships covering the HIPS area.

The Framework aims to strengthen the safeguarding support available to young adults aged 18 years with pre-existing vulnerability and risk factors as they move into adulthood. It is recognised that safeguarding arrangements for young adults need to take account of their distinct safeguarding needs. This Framework is designed to enhance and build on existing safeguarding arrangements ensuring these are relevant to safeguarding at risk young people. The Framework is designed to support effective partnership working and good practice in this complex and challenging area of safeguarding work.

The [Care Act Statutory Guidance 2020](#) states that adult safeguarding in its wider sense, means 'protecting an adult's right to live in safety, free from abuse and neglect.' It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feeling and beliefs in deciding on any action'. All agencies, organisations and individuals who work with or support adults have a role to play within this wider context of adult safeguarding. Seen in this way, effective safeguarding, means supporting the adult to live safely, promoting wellbeing and preventing the risk of abuse or neglect, this takes place within the core duties and responsibilities of health, social care, and criminal justice agencies.

Local multi-agency adult safeguarding arrangements adopt a 'whole system' approach to adult safeguarding which recognise that many organisations carry out different levels of safeguarding work on a day-to-day basis as part of their core business with these working alongside the statutory safeguarding duties under section 42 of the Care Act 2014. This provides a broad spectrum of responses which enable safeguarding concerns to be responded to in the most proportionate and least intrusive way, informed by the wishes of the adult. This approach is illustrated in **Figure 1** below:



**Figure 1**

Safeguarding activity in its broadest sense should provide a gateway to the mainstream community safety and crime prevention measures available to the rest of the community. Whilst the content of the Framework predominantly applies to safeguarding young adults over the age of 18, it encourages a shift away from age determined boundaries that can be overly rigid. This recognises the importance of a more joined up approach between children and adult services to support at risk 16- to 17 year-olds in order to ensure continuity of safeguarding support beyond the age of 18.

This Framework is specifically focused on addressing safeguarding concerns relating to young adults who may not qualify for a safeguarding response under S42 of the Care Act 2014 as they do not appear to have identified care and support needs. Concerns relating to young people who are transitioning from children's social care to adult social care services fall outside the scope of this Framework and these should be addressed via existing local transition planning policies and protocols.

Young people being supported through their transition in care services will already have clearly identified care and support needs meaning that if they are experiencing or are at risk of abuse or neglect, any safeguarding concerns are likely to engage the statutory safeguarding duties of either section 47 of the Children's Act 1989 (if under 18 years old) or section 42 of the Care Act 2014 (if 18 years or over).

Whilst this Framework is specifically aimed at all agencies and professionals involved in wider safeguarding work with adults (which may be occurring outside a formal section 42 enquiry process) it is also intended to be helpful for all other agencies working with young people and young adults who might require support to be, and to feel safe. For example, professionals working in the following services and teams:

- Child and adult social care including front door services, MASH, Transition and Care Leaver Teams
- Education including schools, further and higher education
- Child and adult mental health
- Substance misuse
- NHS including primary, community and secondary health care providers
- District and Borough Councils
- Police, Youth Offending, Probation and Prisons
- Supported housing
- Voluntary organisations working with mental health and substance misuse
- Child and adult advocacy organisations.

The Framework sets out the overarching values and principles all agencies and organisations should be working to and the approaches to be taken to transitional safeguarding work. Whilst it aims to promote and support consistent practice across the area, it is not intended to be prescriptive. Rather, local multi-agency partner agencies have the scope to develop their own business process to support the implementation of the Framework within their organisation.

This Framework draws upon [Bridging the gap - transitional safeguarding and the role of social work with adults](#) knowledge briefing published in June 2021 by the Department of Health and Social Care (DHSC). This national briefing draws on evidence from research and knowledge from local areas in order to describe what Transitional Safeguarding is, why it is needed and how the contribution of adult social work is key to developing and embedding a more transitional approach to safeguarding young people into adulthood. [NWG disruption toolkit](#).

The Framework should also be read alongside other relevant national and local frameworks which emphasise the importance of effective person-centred safeguarding achieved by putting people at the centre of the process, and by all agencies across the system actively playing their part:

[Care and Support Statutory Guidance \(April 2021\)](#)  
[Working Together to Safeguard Children \(December 2020\)](#)  
[Mental Capacity Act Code of Practice 2007](#)

At the local level, the Local Safeguarding Adult Boards and Local Safeguarding Children Partnerships also have published multi-agency safeguarding policies and related guidance which should also be referred to:

[Hampshire, Isle of Wight, Portsmouth and Southampton \(hipsprocedures.org.uk\)](#)  
[4LSAB Multi-Agency Safeguarding Adults Policy and Guidance \(June 2020\)](#)  
[4LSAB Safeguarding Concerns Guidance](#)  
[4LSAB Multi-Agency Risk Management Framework \(MARM\) June 2020](#)

## 2. Background and context

### a) What is Transitional Safeguarding?

The British Association of Social Work (BASW) paper [Safeguarding during adolescence – relationship between contextual and complex safeguarding \(BASW, January 2019\)](#) provides the following definitions used in transitional safeguarding work and goes on to explain the relationship between each:

**Transition:** A process or period of changing from one state to another. It can happen throughout our lives and it is experienced differently by different individuals. Within some aspects of social care, in particular safeguarding, the notion of transition can imply a definitive ‘line in the sand’ – a point of no return – at the age of 18 years.

**Transitional safeguarding:** Focuses on safeguarding young people from adolescence into adulthood, recognising this period of transition will be experienced differently for young people at different times. For the purpose of this document, ‘young people’ refers to people aged mid-teens to mid-twenties however, some

flexibility is important as Transitional Safeguarding encourages a shift away from age-determined boundaries that can be overly rigid.

**Contextual safeguarding:** An approach to safeguarding that responds to young people's experiences of harm outside of the home, for example, with peers, in schools and in neighbourhoods. This approach recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. It requires practitioners to engage with individuals and sectors who have influence over/within extra-familial contexts, and recognises that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands child protection systems to recognise that young people are vulnerable to abuse in a range of social contexts and settings.

**Relational safeguarding:** This means being person-centred and trauma-informed in practice, recognising that meaningful relationships are an important aspect of any therapeutic support. It requires us to adopt a capacity building and empowering approach, so that young people are supported to build resilience and exercise positive control in their lives. It also means using language that is inclusive and respectful, avoiding terminology or expressions that could be victim-blaming.

**Complex safeguarding:** A term used to describe criminal activity (often organised) or behaviour associated with criminality, involving children and adults, where there is exploitation and/or a clear or implied safeguarding concern.

**County Lines:** Groups and Organised Crime Groups exploit children and teenagers to deal on their behalf. Children are seen as easily controlled and inexpensive to resource. These children will often fall into some form of debt to the group and this can lead to violence and assaults against them. County Lines is the term used to describe the approach taken by gangs and criminal networks to supply class A drugs from urban to suburban areas across the country, including market and coastal towns, using dedicated mobile phone lines. The children and young people involved may not perceive themselves to be victims of exploitation, as they consider they have acted voluntarily. This is further complicated as the exploited children often receive cash or gifts/drugs from their abusers as a means to groom them.

#### **Relationship between Contextual Safeguarding, Complex Safeguarding and Transitional Safeguarding:**

During adolescence the nature of the risks faced by young people and the way that they experience these risks, often differs from earlier childhood – as do their needs. Specifically, young people may be faced with a new set of complex risks – ones not posed by families, but instead by peers, partners and adults unconnected to their families. These risks:

- Often manifest in extra-familial environments including schools, public spaces and online platforms
- Are informed by peer norms and relationships
- Involve young people perpetrating, as well as experiencing, harm
- Can present as the result of perceived 'choices' a young person has made and/or continues to make despite professional/parental intervention

- Often feature grooming, coercion, criminality and serious risks of significant sexual and physical harm that create climates of fear and reduce engagement with services
- Are beyond the control of parents and rarely instigated by parents
- Can lead to large numbers of relocations including children over-12 coming into care for the first time and following a rapid escalation in risk and/or managed-moves across schools
- Continue into adulthood and particularly for young people during the 18-25 transitional period.

In response, practitioners, researchers and policy advisors have been developing and testing ways to advance child protection and multi-agency safeguarding practices to better engage with these dynamics of the adolescent experience.

This briefing details how Complex Safeguarding, Contextual Safeguarding and Transitional Safeguarding engage with the challenges outlined above. It is important to understand that these three terms are not mutually exclusive nor conflicting. Indeed, they complement and overlap in a number of ways and arguably adopting one approach requires attention to be paid to the others.

Complex Safeguarding is a different way of working with children and families to address non-traditional safeguarding issues, whilst Contextual Safeguarding offers an approach for working with contexts and communities. Recognising the importance of working to safeguard young people across transitions is a feature of both Complex Safeguarding and Contextual Safeguarding.

**(Ref: BASW - Carlene Firmin, Jayne Horan, Dez Holmes and Gail Hopper, January 2019)**

## **b) Why is Transitional Safeguarding important?**

It is understood that transition to adulthood can be a particularly vulnerable and challenging time for young people and this can be harder for those young people experiencing vulnerabilities and on-going risk.

Whilst both child and adult safeguarding frameworks have the same responsibility to prevent abuse and neglect, there are a number of fundamental differences between the two systems. For example, the children's system is more focused on welfare with an emphasis on protection of the child from harm and risk management. However, for adults the focus is more oriented to promoting wellbeing, underpinned by the concept of positive risk taking.

A key challenge in transitional safeguarding work is that the child and adult safeguarding systems are conceptually and procedurally different, governed by different statutory frameworks. The child system tends to focus on a young person facing harm based on age rather than the risks s/he is experiencing. Many young adults will not qualify for a safeguarding response as they will not appear to have identified care and support needs, yet they may be experiencing a range of risks and harms which over time, can significantly impact on their wellbeing safety: '*Harm and its effects do not stop at the age of 18 but in reality, support does stop at 18 for many young adults*' (Dez Holmes, Research in Practice, 2018)

The paragraph above describes a 'cliff-edge' in terms of the safeguarding support available to young people, compounded by the different thresholds and eligibility criteria currently in use within children's and adults' services. This Framework aims to 'bridge this gap' in order to make it easier for professionals to deliver effective safeguarding responses which enable young people to achieve better outcomes.

Effective transitional safeguarding is inextricably linked to Making Safeguarding Personal. Both approaches emphasise the importance of professional curiosity, the tenacity to break down barriers to engagement and a commitment to a longer-term approach through which to foster a positive relationship with the young person. The person must be placed at the centre of the process with every individual and agency across the system playing an active part in the safeguarding response. It is not the case that if someone says they don't want safeguarding support then we simply 'walk away'<sup>1</sup>. There could be many reasons why a young adult initially declines support. A person cannot consent to being abused and having decision making capacity and 'making unwise decisions' is not consenting to be abused.

It should also be acknowledged that support cannot always mean a person is safe. Sometimes, it may be a question of reducing or minimising risks to an acceptable level. Police colleagues will however, have a vital role to play in identifying and disrupting sources of harm supported by colleagues from other agencies for example, by sharing intelligence and information in accordance with local and national guidance and protocols.

[Bridging the gap - transitional safeguarding and the role of social work with adults](#) knowledge briefing advocates adopting a more 'fluid' approach to help young people be safe during the transitional life-stage explaining this as follows:

"Whilst turning 18 means that a young person legally becomes an adult overnight, the transition to adulthood is a process not an event – and this process differs from one person to another. Some young people over 18 might require additional support to be safe and well during this phase of their lives, even though they might not have formally defined care and support needs.

Similarly, many young people under 18 could benefit from the highly personalised and rights-based safeguarding approach usually used with adults<sup>2</sup>. There is a need to see the person holistically, rather than defining their needs, vulnerabilities or strengths according to eligibility or age<sup>3</sup>.

"Some research has found that the brain continues to develop until the mid-twenties, and have called for an expanded definition of adolescence that extends into a

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<sup>1</sup> Cooper, a. (2019). *'Myths and realities' about Making Safeguarding Personal*. London: Local Government Association. Available at: <https://www.local.gov.uk/myths-and-realities-about-making-safe-guarding-personal>

<sup>2</sup> Cocker, C., Cooper, A., Holmes, D. and Bateman, F. (2021), "Transitional Safeguarding: presenting the case for developing Making Safeguarding Personal for young people in England", *The Journal of Adult Protection*,

<sup>3</sup> Department of Health and Social Care (2020) Care and support statutory guidance. Available at: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>



person's mid-twenties<sup>4</sup>. The power imbalance between young adults who are still developing cognitively and the coercive influence of often highly sophisticated abusers is stark. Whilst evidence regarding brain development should not be seen as a reason to underplay a person's rights or capacity, it does encourage us to think about maturity in a nuanced way that takes into account an individual's experiences and circumstances". (**Bridging the Gap - transitional safeguarding and the role of social work with adults, June 2021**)

### **c) About the Multi-Agency Framework for Managing Risk and Safeguarding People Moving into Adulthood**

This Framework is aligned with general Care Act (2014) duties around promoting Wellbeing and Prevention. These principles are at the core of effective transitional safeguarding arrangements as they focus attention on identifying and addressing needs and risks at an earlier stage, before a crisis point is reached. Such an approach avoids these worsening in later adulthood which can impact on the person's ability to lead a safe, happy and fulfilling life. The Framework is also aligned with wider local child and adult safeguarding policies, procedures and guidance and link to other risk management pathways including the adult sector's [4LSAB Multi-Agency Risk Management Framework, June 2020 \(MARM\)](#).

Successful implementation of the transitional safeguarding arrangements outlined in this Framework relies on local agencies across the system establishing a common culture and ethos that enables the development of effective relationships and collaboration. The Framework is designed to provide a useful tool for responding to risks relating to young people arising from:

- Criminal and sexual exploitation
- Poor mental health
- Misuse of substances/alcohol impacting on the ability to manage day to day life
- Not engaging with support services and/or refusing assessment
- Returning home after leaving care
- Homelessness
- High intensity use of services
- Care and support need not visible so the young person is not seen as meeting adult services eligibility criteria.

For young people who may be experiencing such challenges, these risks and consequential harms seldom disappear at 18 years old. However, once past 18 years they may suddenly find themselves without support, despite being highly vulnerable. Indeed, the withdrawal of support could potentially increase their vulnerability to perpetrators who take advantage of the absence of professional contact and support.

### **3. A Model for Effective Practice**

The following table summarises the key components agreed locally to support an effective model of practice:

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<sup>4</sup> Sawyer, S. Azzopardi, P. Wickremarathne, D. and Patton, G. (2018) 'The age of adolescence'. *The Lancet Child and Adolescent Health*, 2 (3), pp223-228.

**Figure 2: A Model for Effective Practice in Transitional Safeguarding**



#### 4. Principles underpinning the Framework

All safeguarding work is underpinned by the principle of upholding the human rights of individuals and groups. The Human Rights Act 1998 sets out the fundamental rights and freedoms for everyone in the UK. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law.

The Human Rights Act came into force in the UK in October 2000 and contains a series of Articles, most of which are applicable in the context of safeguarding.

The Mental Capacity Act 2005,

The Human Rights Act 1998 and the Data Protection Act 2018 are pertinent throughout this document, and staff should ensure that all decisions and actions are taken in line with the requirements of the legislation.

This Framework reflects the Care Act 2014's [Six Principles of Safeguarding](#) that underpin all adult safeguarding work.

**Figure 3: Care Act 2014 principles of adult safeguarding**

<p><b>EMPOWERMENT</b> Presumption of person led decisions and informed consent</p>	<p>Adults are encouraged to make their own decisions and are provided with support and information.</p> <p><i>'I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.'</i></p>
<p><b>PREVENTION</b> It is better to take action before harm occurs</p>	<p>Strategies are developed to prevent abuse and neglect that promote resilience and self-determination.</p> <p><i>'I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.'</i></p>
<p><b>PROPORTIONATE</b> Proportionate and least intrusive response appropriate to the risk presented</p>	<p>A proportionate and least intrusive response is made balanced with the level of risk.</p> <p><i>'I am confident that the professionals will work in my best interests and only get involved as much as needed.'</i></p>
<p><b>PROTECTION</b> Support and representation for those in greatest need</p>	<p>Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding.</p> <p><i>'I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.'</i></p>
<p><b>PARTNERSHIPS</b> Local solutions through services working with their communities</p>	<p>Local solutions through services working together within their communities.</p> <p><i>'I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.'</i></p>

**ACCOUNTABLE**  
Accountability and  
transparency in  
delivering

Accountability and transparency in delivering a safeguarding response.

*'I am clear about the roles and responsibilities of all those involved in the solution to the problem.'*

## 5. Person-centred and strength-based working

This Framework is underpinned by the ethos 'no decision about me without me' and in recognising people as 'experts in their own lives'. In practice, this means that the adult, their families and carers are supported by agencies and organisations working in partnership with them to provide support. A person led approach is needed so that the support provided is focused on achieving the outcomes identified by the adult. It also enables safeguarding responses to be delivered in a joined up and coordinated way.

An effective person-centred, strengths-based approach acts as a preventive mechanism in that it helps build the adult's resilience and ability to recognise and manage risks in the future. Adults are encouraged to think about their strengths, existing resources and any informal support networks they have around them and to be helped to identify what their particular needs are, what complex situations may exist and whether they face any risks. This is enabled by providing individualised information on what abuse, neglect or exploitation looks like and how to recognise potential warning signs ensuring people understand what their rights and choices are, and where they can get help and support if they need it. Adults can also be encouraged to reduce their potential isolation by making links with their wider community, to increase the number of people who will 'look out for them' and support them.

## 6. Risk enablement

Risk enablement recognises that taking carefully considered risks can enable individuals and help improve their wellbeing. Positive risk-taking is a way of working with risk that promotes. This requires safeguarding responses to focus on giving adults more control over, and supporting them to make choices about, their lives. As part of a person-centred approach, adults who may be at risk should be supported to help them recognise potentially abusive situations and understand how they can protect themselves. A starting point is to discuss with the person what their goals are and how they want to live their lives with the aim of helping them to develop their resilience and retain their independence.

A shared commitment to working with risk across partnerships supports frontline practice. The LGA Briefing on Working with Risk encourages Safeguarding Adults Boards to promote shared partnership principles for working with risk, positive risk taking and person-centred approaches. This gives permission to staff to work in risk enabling ways. Front line staff need to have a clear framework within which to achieve a balance between wellbeing and safety. Safeguarding Adults Boards should promote high level organisational support for person centred outcomes focused working, linking training to strategic planning objectives and to seek assurance that risk aversion and paternalistic cultures are addressed'. To view the

LGA risk enablement guidance click here: [LGA Briefing on Working with Risk \(LGA, 2018\)](#)

## **7. Making Safeguarding Personal**

This describes a person-centred and rights-based approach to adult safeguarding, which is incorporated into the Care Act 2014 guidance. It is a strengths-based approach, in which the person is understood to have rights to live their life, which need to be balanced with their right to / need for safety. It locates the person being supported as the expert in their own life, and emphasises the importance of empowerment and partnership working alongside the adult.

The aim of Making Safeguarding Personal is to ensure that safeguarding support is person-led, focused on and defined by the outcomes the person would like to achieve. It engages the adult in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

A person experiencing abuse or neglect may have difficult decisions to make and as such may need time to consider the risks involved and outcomes they want. Identifying risks and making options clear and understandable is crucial to empowering and safeguarding adults. Some people may be unclear as to what they would like to happen, and time and skilled intervention may be required to help people express their views and wishes. Other people may want outcomes which are not possible. Open and honest discussions about reasons why certain actions may not be realistic can help the person to re-evaluate their views and consider other options. It is important that safeguarding responses are creative and flexible in order to take account of these differences. Further information on MSP can be found here:

[4LSAB one minute to Making Safeguarding Personal Resources to support Making Safeguarding Personal \(LGA\)](#)

## **8. Advocacy**

The Care Act 2014 is clear that people's wishes, needs and feelings should be at the heart of all care and support activity, including safeguarding, and that they must be involved in all decisions about them. This 'duty to involve' applies in all settings and regardless of the complexity of a person's situation. Effective adult safeguarding means promoting people's rights as well as their physical safety. The Care Act introduces a advocacy duty for local authorities which applies to adults who are the subject of a safeguarding enquiry (or safeguarding adults review) if:

**They have care and support needs, they have 'substantial difficulty' in being involved in decision-making and there is no appropriate person available to support them and represent their wishes.**

If the person has substantial difficulty in being involved in a decision, an appropriate individual can support them and help them to be involved. This individual may be their family member or friend of the individual, but may not be someone who is paid to give care or treatment to them. If no appropriate individual is able to help, then the

local authority, or another agency on their behalf, should appoint an independent advocate.

Under the MCA, local authorities, the NHS and other responsible bodies have a duty to make sure that an [Independent Mental Capacity Advocate \(IMCA\)](#) is available to represent an adult who lacks capacity to make specific decisions for themselves and who does not have a family member or friend to support them. IMCAs have a particular remit not just to support and represent the person, but also to make sure that the MCA is being followed. IMCAs are primarily intended to support adults who do not have family or friends to support and represent them. However, in a safeguarding situation, an IMCA can be used even if a suitable family member or friend is also available.

Many adults who qualify for advocacy under the Care Act 2014 will also qualify for advocacy under the Mental Capacity Act 2005 (MCA). Both pieces of legislation require representation by a family member, friend or independent advocate to help them communicate their views, wishes and feelings. The same advocate may provide advocacy for an individual under both Acts. It is often easier for the adult and for the agencies working with them to work with one advocate rather than two.

An Independent Mental Health Advocate (IMHA) is a specialist advocate who provides a statutory service to qualifying patients under the Mental Health Act 1983. IMHAs supports people to understand their rights under the Act and participate in decisions about their care and treatment.

## **9. Partnership Working**

Successful and effective transitional safeguarding arrangements require partner agencies and organisations to work effectively together. Effective partnership working will be enabled by the development of a shared culture and vision for transitional safeguarding work within and across agencies, supported by a common language and understanding of respective roles and responsibilities. A truly collaborative multi-agency, cross sector approach is the key driver to enable at risk young people to achieve the best possible outcomes by supporting them to live safely in their local communities, to access mainstream and specialist services to keep themselves safe from abuse or exploitation and to access to criminal justice, victim support services and the therapeutic services they need to support their recovery from their experiences.

## **10. Duty of care**

'Duty of care' refers to the obligations placed on people to act towards others in a certain way, in accordance with certain standards. Everyone has a clear moral and/or professional responsibility to prevent or act on incidents or concerns of abuse or neglect. A duty of care to adults at risk is fulfilled when all the actions reasonably expected of a person in their role have been carried out with appropriate care, attention and prudence.

Duty of care will involve actions to keep a person safe from harm when they are in your care, using services or exposed to your activities and will also include



respecting the person's wishes and protecting and respecting their rights. To discharge the legal duty of care, the worker must act in accordance with the relevant standard of care. This is generally assessed as the standard to be expected of an ordinarily competent worker performing that task or role. Failure to discharge the duty to this standard may be regarded as negligence. The nature of a worker's duty of care will vary according to their role. In all cases however, it will involve taking allegations or concerns seriously, and owning one's responsibilities to safeguard adults at risk.

## **11. Legal framework underpinning transitional safeguarding arrangements**

### **a) Mental Capacity Act 2005**

The Mental Capacity Act 2005 (MCA) embodies a legal framework to empower people to make decisions for themselves as much as possible and to protect people who may not be able to make some decisions. This legislation and its accompanying Code of Practice, applies from age 16 years upwards. Staff working with people 16 and over have a legal duty to have regard to the MCA Code of Practice.

The MCA and the Care Act work together to promote the empowerment, safety and wellbeing of adults with care and support needs. Both pieces of legislation should enable individuals to maintain their independence and exercise as much control as possible over their lives and any care and support they receive including any support provided relating to safeguarding.

Further information about the MCA and its application in the context of safeguarding young adults is explored further in **Section 12**.

### **Children's legislation**

#### **b) [Children's Act 1989](#) (amended by [Children's Act 2004](#))**

This provides the legislative framework for agencies to take decisions on behalf of children and to take action to protect them from abuse and neglect. Young people who receive leaving or after care support from children and family services, are included in the scope of adult safeguarding arrangements but close liaison with children and family service providers is key to establishing who is the best person to lead or support young people through adult safeguarding processes.

#### **c) [Children \(Leaving Care\) Act 2000](#)**

This legislation has two main aims which are to make sure that young people don't leave care until they are ready and to make sure that care leavers get enough support when they do leave care. It says that the Local Authority is responsible for care leavers until they are 21, or 24 if they are in full time education. The Children (Leaving Care) Act, says that eligible and relevant young people must have a [Pathway Plan](#) before their 16<sup>th</sup> Birthday.

The Pathway Plan should explain how the local authority will meet the young person's needs in education, employment, training, accommodation, financial and

other support. Local authorities are also required to provide young people in and leaving care with a Personal Adviser whose is to help the young person to make a successful move into adulthood from being in care.

#### **d) Children and Social Work Act 2017**

This extends duties and responsibilities to care leavers. Included in the Act is the requirement to publish a Local Offer for care leavers, providing information about services which the local authority offers that may assist care leavers in, or in preparing for, adulthood and independent living. There are seven corporate parenting principles for local authorities to follow to ensure that they are the best corporate parents to the children in care and care leavers they support (Children and Social Work Act 2017, s1 (1)):

- 1) Act in the best interests, and promote the physical and mental health and well-being, of those children and young people;
- 2) Encourage those children/young people to express their views, wishes and feelings;
- 3) Take into account the views, wishes and feelings of those children and young people;
- 4) Help those children and young people gain access to, and make the best use of services provided by the local authority and its relevant partners;
- 5) Promote high aspirations, and seek to secure best outcomes, for those children and young people;
- 6) For those children and young people to be safe, and for stability in their home lives, relationships and education or work; and,
- 7) Prepare those children and young people for adulthood and independent living.

Click here for more information about the current care leavers offers:

[Hampshire Care Leavers Local Offer](#)

[Isle of Wight Care Leavers Local Offer](#)

[Portsmouth Care Leavers Local Offer](#)

[Southampton Care Leavers Local Offer](#)

#### **e) Safeguarding needs during transition**

Together, the Children and Families Act 2014 and the Care Act 2014, create a new comprehensive legislative framework for transition when a child turns 18 (MCA applies once a person turns 16). The duties in both Acts are on the local authority, but this does not exclude the need for all organisations to work together to ensure that the safeguarding adults' policy and procedures work in conjunction with those for children and young people.



Where there are on-going safeguarding issues for a young person and it is anticipated that on reaching 18 years of age they are likely to require adult safeguarding, safeguarding arrangements should be discussed as part of transition support planning and protection. Conference Chairs and Independent Reviewing Officers, if involved, should seek assurance that there has been appropriate consultation with the young person by adult social care and invite them to any relevant conference or review. Clarification should be sought on:

- What adult safeguarding information/advice the young person has received
- The need for advocacy and support
- Whether a mental capacity assessment is needed and who will undertake it
- If Best Interest decisions need to be made
- Whether any application needs to be made to the Court of Protection.

## **Adult legislation**

### **f) Care Act 2014**

The Care Act 2014 consolidated and modernised the framework of social care law and sets out in one place local authorities' duties in relation to assessing people's needs and their eligibility for publicly funded care and support. The Act has at its core, responsibilities and duties to promote wellbeing, to prevent or delay the deterioration of needs and to give greater control and influence to those in need of support. Under the Care Act, adult safeguarding is established as one of the core functions of care and support with specific safeguarding responsibilities and duties created under Section 42 of the Act regarding adults with care and support needs.

It is important to note however, that safeguarding responses and interventions carried out under Section 42 cannot where necessary, be undertaken in isolation from other sections of the Care Act and other legal duties. Use of provisions relating to information and advice, assessment of care and support needs, advocacy, support planning and care reviews are likely to be useful and appropriate as part of the safeguarding process both for adults being supported and informal carers.

Further information about the duties and requirements under the Care Act relating to all functions of care and support including safeguarding, can be found here: [Care and Support Statutory Guidance](#).

### **g) What is care and support?**

In the Care Act 2014, 'care and support' is the term used to describe the help some adults need in order to live in the best way they can, despite any illness or disability they might have. An adult with care and support needs may be:

- An older person
- A person with a physical disability, a learning difficulty or a sensory impairment
- Someone with mental health needs, including dementia or a personality disorder
- A person with a long-term health condition
- Someone who uses substances/alcohol to the extent it affects their daily life.

Needs will meet eligibility criteria if (a) the adult's needs arise from or are related to a physical or mental impairment; (b) as a result of the adult's needs the adult is unable to achieve two or more of certain specified outcomes; and (c) as a consequence there is, or there is likely to be, a significant impact on the adult's wellbeing.

Needs may arise from physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury. Specified outcomes include:

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Being appropriately clothed
- Being able to make use of the home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community.

There is a duty to meet the adult's needs for care and support which meet the eligibility criteria if the adult is ordinarily a resident in the area or present as of no settled residence – this includes duties to those returning from abroad, veterans and people coming out of prison.

## **h) Wellbeing Principle**

The overarching aim of the Care Act is to promote wellbeing. Section 1 of the Care Act establishes the promotion of wellbeing as a core legal duty representing a shift from previous duties to provide particular services, to the concept of 'meeting needs' The 'wellbeing duty' that is relevant at all stages of interaction with the person and across all functions of care and support. The adult should be enabled to participate as fully as possible in decisions at every stage in their care and support assessment and planning. This approach recognises that everyone's needs are different and personal to them and assumes that the individual is best placed to judge their own wellbeing, and what wellbeing means to them.

"The Wellbeing principle within the Care Act applies equally to those who do not have eligible care and support needs but come into contact with the system in some other way and applies equally to those who, for a variety of reasons, may be difficult to engage. This overarching principle resonates with the need for an accessible offer of support for young people making the transition to adulthood.

Care and Support Statutory Guidance requires that decisions take account of the individual's circumstances, rather than basing decisions only on a person's age or appearance, any condition they have, or any aspect of their behaviour. Whilst this principle is important in ensuring proportionate and the least intrusive responses, it is equally important in ensuring that needs and vulnerabilities are recognised amongst young people who might be assumed to be ineligible for support".

**(Bridging the Gap - transitional safeguarding and the role of social work with adults)**

## **i) Prevention**

Prevention is critical to the vision in the Act as it drives the ‘wellbeing principle’ and applies across all the functions of care and support including safeguarding. The ‘system’ must actively promote wellbeing and independence, and not just waiting to respond when people reach a crisis point. [Care Act Statutory Guidance](#) emphasises the importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist.

“This principle can be applied to those young people whose experiences and trauma mean they may need support to live safely, without them having formally defined care and support needs. The focus should be on all aspects of a person's wellbeing, not just their safety”. (**Bridging the Gap - transitional safeguarding and the role of social work with adults**)

## **j) Assessing needs of care and support**

Sections 9 – 11 of the Care Act 2014 set out when a local authority must carry out an assessment of need and what the assessment should cover:

Section 9 of the Act deals with assessment of a person’s needs for care and support. The local authority is required to carry out an assessment of anyone who appears to have needs for care and support (regardless of the level of need). The assessment must focus on the person’s needs and how they impact upon their wellbeing and the outcomes they want to achieve. The person must be involved in their assessment and where appropriate, their carer or someone else they nominate. In order to support the person’s involvement in the assessment, the local authority must provide the adult with access to advocacy (sections 67 and 68 of the Act) if they are likely to experience ‘substantial difficulty’ in participating in the process. The local authority must also consider as part of the assessment other things that can contribute to their desired outcomes, for example community support and preventative services.

## **k) Assessing carers’ needs**

The Care Act recognises the equal importance of supporting carers and the people they care for and gives them the right to receive support if they have eligible needs. Section 10 of the Act deals with assessment of a carer’s needs for support and establishes a single duty on the local authority to carry out a carer’s assessment where it appears that a carer may have needs for support at that time, or in the future regardless of whether or not the adult they provide care for and eligible care an support needs. A carer’s assessment should look at how caring affects the carer’s life, including for example, physical, mental and emotional needs, and whether they are able or willing to carry on caring. Assessment of a carer’s needs is relevant in the context of transitional safeguarding as carers will often play a vital role in supporting the young adult.

## **l) Refusal of assessment**

Section 11 of the Act deals with refusal of an assessment. Assessment duties under section 9 are not engaged where an adult refuses an assessment unless a) they have been assessed as lacking the mental capacity to make this decision and it's in their best interests to undertake one or b) the adult is experiencing, or is at risk of, abuse or neglect.

## **m) Raising a safeguarding concern**

Anyone can raise an adult safeguarding concern with adult services if they have reasonable cause to believe an adult has needs of care and support and there is also reasonable cause to suspect the adult is experiencing or is at risk of abuse or neglect.

For safeguarding purposes, there is no requirement to be able to assess actual need for safeguarding purposes as it is a statutory duty, it can be on the appearance of care and support needs, so eligibility for local authority services is not a factor.

The [4LSAB Safeguarding Concerns Guidance \(October 2020\)](#) provides information and guidance to support the decision making around the reporting of adult safeguarding concerns. This guidance also provides an [4LSAB Assessing Seriousness Tool October 2020](#) which is designed to support professionals to make decisions about adult safeguarding concerns and their initial judgements about risk and seriousness. It is primarily for use by decision makers in all agencies and organisations. However, it is acknowledged that at times there may be concerns where decision making is not that straightforward and so professional judgement is always required. The tool provides some examples of abuse and neglect that can occur along with an indication of the possible range of responses.

## **n) Decision-making about a safeguarding concern raised**

Only the local authority can make the decision about whether a safeguarding concern raised meets the criteria for undertaking a statutory section 42 safeguarding enquiry. The duty on adult services to make enquiries exists from the point at which a concern is received. It then has a duty to gather more information including that provided by the referrer, to help it begin to assess whether the criteria for a safeguarding enquiry are met. Adult services are the decision-making body as to whether or not it is necessary to proceed with a safeguarding enquiry and this decision must be recorded and a rationale provided. However, concerns may be raised the nature of which fall under the remit of other legislative frameworks and risk referral pathways and these pathways should always be followed in the first instance. For example:

- Mental health crises – Mental Health Act provisions, Care Programme Approach
- Domestic violence and abuse - Multi-Agency Risk Assessment Conference
- Radicalisation - PREVENT and Channel
- Modern day slavery and human trafficking - National Referral Mechanism
- Serious and organised crime including child sexual exploitation and missing and exploited children/young people - police specialist teams.

The following statutory criteria are used to determine whether further action under section 42 of the Care Act is required:

The local authority has reasonable cause to suspect that an adult in its area:

- a) Has needs for care and support (whether or not the local authority is meeting any of those care and support needs); and
- b) Is experiencing, or is at risk of, abuse or neglect; and
- c) As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect.

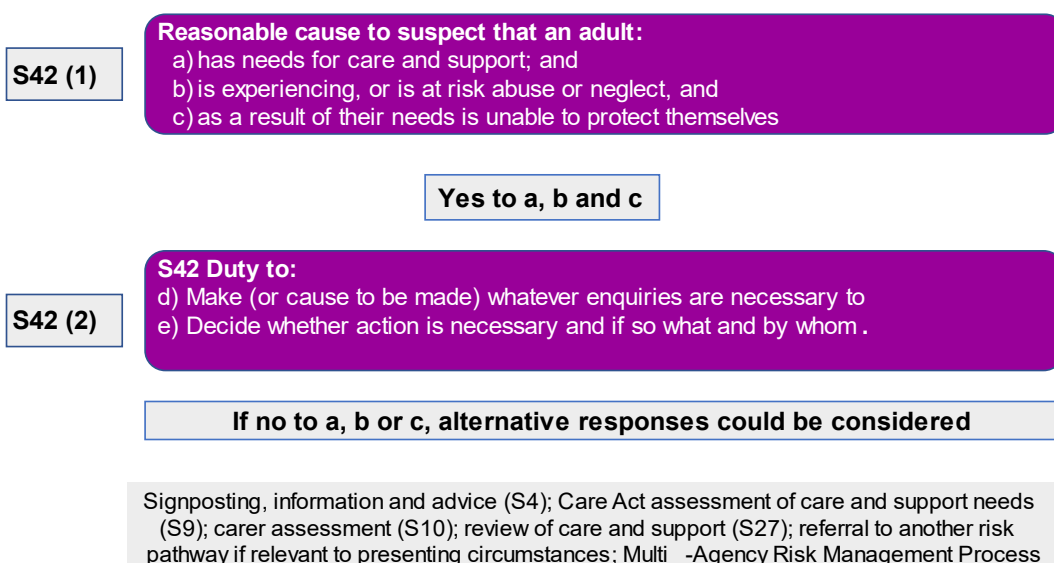
The '3 statutory criteria' outlined above are used by the local authority to decide if a safeguarding enquiry should be undertaken (S42 of the Care Act).

Safeguarding duties apply regardless of whether a person's care and support needs are being met, whether by the local authority or anyone else.

In its definition of who should receive a safeguarding response, the legislation also includes people who are victims of sexual exploitation, domestic abuse and modern slavery. However, these are all largely criminal matters and so safeguarding duties would not be an alternative to police involvement, and would only be applicable at all where a person has care and support needs that mean that they are not able to protect themselves.

Young people in specific circumstances such as those receiving leaving/after care support from children and family services, are included in the scope of adult safeguarding, but close liaison with children and family service providers is key to establishing who is the best person to lead or support young people through the adult safeguarding process.

#### Figure 4: Summary of Care Act 2014 Section 42 Enquiry Duty



## **o) Safeguarding enquiries**

A safeguarding enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to concerns regarding adults with care and support needs who are experiencing or are at risk of abuse or neglect who are unable to protect themselves because of these needs.

The enquiry is a multi-agency, collaborative process between the local authority, the adult (and their carers if appropriate) and relevant safeguarding partners.

The purpose of a safeguarding enquiry is to establish with the adult what (if any) action is needed regarding the situation and to establish who should take such action. The process should reflect the adult's wishes wherever possible, as stated by them or by their representative or advocate.

The particular circumstances of each individual case will determine the scope of each enquiry, as well as who leads it and the form it takes. An enquiry may take the form of a conversation with the individual concerned (or with their representative or advocate). It may need the involvement of another organisation or individual or it may require a more formal process which leads to a formal multi-agency plan to ensure the wellbeing of the adult.

## **p) When Care Act Section 42 Safeguarding Duties are not engaged**

The duty to undertake a Section 42 enquiry may not be engaged because the presenting circumstances do not meet the statutory criteria. Whilst there is no requirement in law on the local authority 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 prevent the adult from taking actions to protect themselves. The local authority may use its power for a discretionary enquiry if it is proportionate to do so for example, to promote the person's wellbeing and a preventative agenda.

There are a number of circumstances where a discretionary safeguarding enquiry may be an appropriate and beneficial course of action to safeguard young people who whilst not meeting Care Act safeguarding criteria, may find themselves in vulnerable situations where their social circumstances are severely impacting on their health, wellbeing and safety. This may involve risks relating to:

- Returning home after leaving care
- Poor mental health misuse of substances
- Refusing assessment and/or not engaging with support
- Homelessness
- Criminal or sexual exploitation
- Pre-existing circumstances, vulnerabilities and risks which have continued into adulthood and a safeguarding response is essential in order to prevent a cliff edge in terms of the support available
- High intensity use of services.



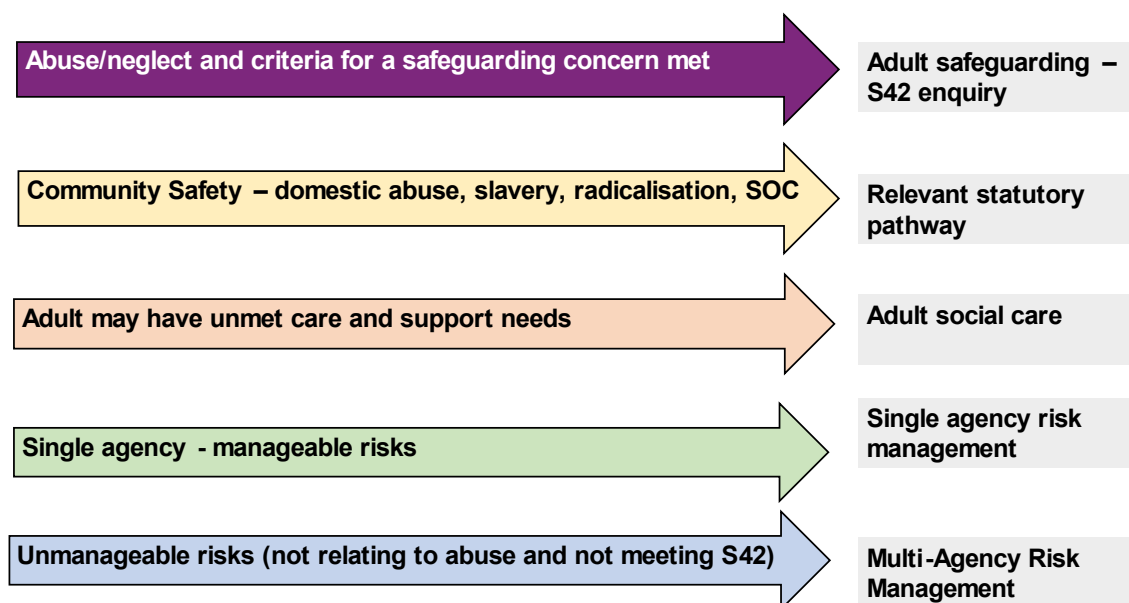
Where a decision is made by the local authority that the safeguarding concern does not meet statutory criteria for a S42 enquiry, the rationale for this decision should be clearly stated. The local authority should still consider what further support, advice information or signposting can be offered to the person.

Wherever someone is being harmed or is at risk of harm, there are agencies and organisations that can help, even if the S42 enquiry duty is not met. Practitioners should focus on finding the right pathway to raise the concern recognising that safeguarding response is usually best approached by different agencies pulling together to find solutions. The MARM and other multi-agency processes enable this approach which include but are not limited to:

- Care Programme Approach - for concerns relating to mental health;
- Multi-Agency Risk Assessment Conference (MARAC) for concerns relating to domestic abuse;
- Multi-Agency Public Protection Arrangements (MAPPA) for concerns relating to offenders;
- National Referral Mechanism (NRM) for concerns relating to human trafficking and modern-day slavery and
- Channel for concerns relating to radicalisation.

However, responses and interventions may be more usefully and appropriately dealt with under other sections Care Act such as those relating to provision of information and advice, assessment of care and support needs, support planning and reviews of care, etc. The following table summarises specific provisions within the Care Act which are relevant to adult safeguarding (Please refer to **APPENDIX C** for more information about Care Act duties relevant to adult safeguarding). A range of risk referral pathways are outlined below in Figure 5:

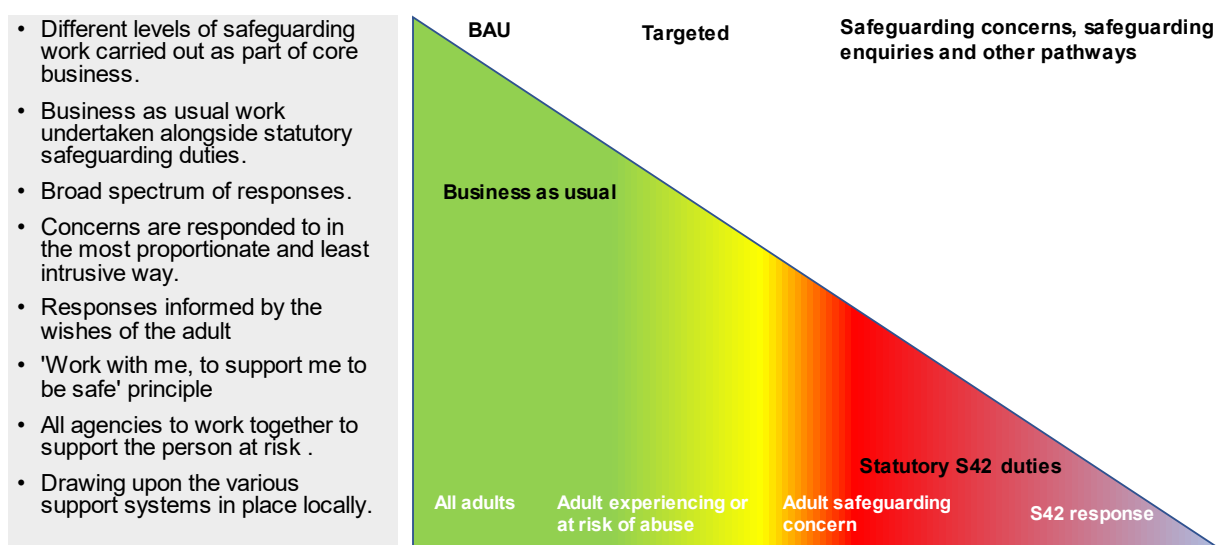
**Figure 5: Referral pathways**



This approach acknowledges and reinforces that different levels of safeguarding activity are often carried out by organisations as part of their ‘business as usual’ work, which works alongside statutory safeguarding duties.

This reflects a ‘continuum of safeguarding responses’ in which partner agencies work together to support the person at risk, providing a broad spectrum of responses so as to draw upon the various support systems in place locally. This approach supports the preventative agenda and enables timely safeguarding responses delivered in the most proportionate and least intrusive way. **Figure 6** overleaf, summarises the continuum described above:

**Figure 6: Continuum of safeguarding responses**



Click here to find out more about the [4LSAB Multi -Agency Safeguarding Adults Policy and Guidance \(June 2020\)](#)

## 12. Capacity, consent and decision-making

The principles of capacity and consent are fundamental to adult safeguarding. Adults have a right to independence, choice and self-determination including control over their personal information. A decision considered to be unwise or not in the adult’s best interest does not mean the person lacks the capacity to decide. The right of an adult to make ‘unwise’ decisions and remain in control of their lives must be respected – this applies even if the decision carries risk.

The Mental Capacity Act 2005 (MCA) is an essential tool to support decision-making in health and social care. It applies to anyone 16 years and over. For clarity, the following definitions apply in the MCA and the Code of Practice: An “Adult” is a person aged 18 years or over:



- 1) A “Young Person” is a person aged 16 or 17 years old.
- 2) A “Child” is a person under the age of 16 years old.
- 3) This differs from the Children Act 1989 and the law more generally where the term “child” is used to refer to people aged under 18.

Section 1 of the Mental Capacity Act (MCA) 2005 sets out five key principles which all staff need to have a good understanding of so they are able to apply these in practice:

1. A person is assumed to have capacity unless it is established that they do not.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help have been taken without success.
3. A person is not to be treated as unable to make a decision merely because they have made an unwise decision.
4. An act done or decision made under this Act for or on behalf of an incapacitated person must be done or made in his best interests.
5. The least restrictive option must be considered.

The MCA provides a framework for establishing whether a person lacks capacity in relation to a specific matter at a specific time, following the two-stage test set out in the Act. The person is entitled to have any help and support they need to make a specific decision which could include help with communication, access to information, advocacy, etc.

In relation to safeguarding, it is important to consider whether someone has decision-making capacity regarding risk, safety or the sharing of information. There must always be a presumption of capacity to make decisions unless there is evidence to the contrary. Ordinarily, if the adult has capacity to make the decision to withhold their consent, this should be respected. However, this decision should be kept under review and information and advice provided to the person about keeping safe and how to access help in the future.

If someone makes a decision that considered unwise or not in their interests, this does not necessarily mean that they lack the capacity to decide. It is almost inevitable that there will be times when an adult who has capacity decides to accept a situation which others perceive as potentially abusive or exploitative. This is a decision they are free to make, unless:

- Other people are being put at risk
- A child is involved
- The alleged perpetrator has care and support needs and may also be at risk
- A serious crime has been committed
- Staff are implicated
- Coercion is involved.

The person should be made aware of any risks and the potential impact on their safety and wellbeing, and encourage them to develop strategies to protect themselves. This might involve them becoming involved with a user-led organisation or a support group, for example. If someone’s decision is having a significant,

negative impact on their own safety and wellbeing, it may be helpful to discuss this with colleagues and seek advice about what options may be available. Any action taken must be informed by the principles of choice, respect and dignity for the person concerned, with a clear focus at all times on helping them to achieve the outcomes they want.

It should be established whether the person is driven purely by their own views and wishes, or whether they are potentially being unduly influenced or coerced by another person. If you believe that they are being coerced, the [inherent jurisdiction of the High Court](#) could apply.

“The principle of the assumption of capacity does not exempt professionals from conducting robust assessments and asking challenging and searching questions about people who are making choices that are problematic or manifestly not good for their wellbeing”. ([Adult safeguarding practice questions](#) Social Care Institute of Excellence 2018).

If the adult has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options. Also enables professionals to check the safety and validity of decisions made. It is good practice to inform the adult that this action is being taken unless doing so would increase the risk of harm.

In most situations, the care and welfare of children under 16 will continue to be dealt with under the Children Act 1989. There are, however, two parts of the MCA that apply to children under 16: The Court of Protection can make decisions about a child’s property or finances, (or can appoint a deputy to make these decisions), if the child lacks capacity to make to make such decisions within section 2(1) of the Act and is likely to still lack capacity to make financial decisions when they reach the age of 18.

The criminal offence of ill treatment or wilful neglect of a person who lacks capacity applies to children under 16 as no lower age limit is specified for the person caused harm/victim.

Dr Romana Farooq, Principal Clinical Psychologist, Forensic Child and Adolescent Mental Health Services and Secure Estate, Newcastle Upon Tyne, provides an interesting perspective about consent in relation to children and young people subject to exploitation in a complex and multi-factorial way:

## Consent

“It’s important to think about and understand consent in relation to children and young people subject to exploitation in a complex and multi-factorial way. It’s not as straightforward as consenting or not consenting. In fact, children and young people who are subject to exploitation have experienced relational trauma in which their understanding of consent in relationships may have been distorted and altered. In addition, what may be seen and understood by others as consensual may be a young person’s attempt to survive a traumatic relational dynamic. There is a need to understand the implications of relational trauma and trauma responses on consent and understanding of consent in children and young people as well as adults. This is an area that is immensely lacking”.

(Ref: Dr Romana Farooq, Principal Clinical Psychologist)

For more information about capacity, consent and decision-making, click here:

[Mental Capacity Act Code of Practice 2007.](#)

To access the 4LSAB brief guides on the MCA 2005 and advocacy, click here:

[4LSAB and 4LSAB One Minute Guide - Mental Capacity Act 2005](#)

[4LSAB and 4LSAB One Minute Guide - Advocacy](#)

### 13. Information sharing in the context of adult safeguarding

The [4LSAB Multi-Agency Information Sharing Guidance \(June 2020\)](#) clarifies that a collaborative, multi-agency approach is key to effective safeguarding practice and the ability for the adult to achieve better outcomes - timely sharing of relevant information is a fundamental part of this approach.

Poor or non-existent information sharing is consistently identified as an issue in Safeguarding Adult Reviews. In reality, adults’ lives are often complicated, and they may come into contact with lots of different agencies. One way to think about the safeguarding work is that it’s like a jigsaw where each agency only has one part of the bigger picture. We need to work together so that we can share important information and think about what we can all do to manage the risks. The benefits of information sharing are:

- Better informed decision making
- Improved inter-agency working
- Better profiling of individual need or risk
- More effective responses and interventions
- Targeted support and resources
- Improved protection of adults at risk
- Reduction in acute need through earlier response.

The Data Protection Act 2018 and the General Data Protection Regulation permit information to be shared in a situation of ‘vital interest’, where it is critical to prevent serious harm or distress or where someone’s life is threatened. Relevant information

can be shared with the relevant emergency services without consent to protect someone's life or that of another.

Whilst wherever possible, the person's consent to share information should be sought, there are some circumstances when it may be necessary to override the person's decision to withhold consent. The following are examples of circumstances when it may be justifiable to share information without consent:

- The need to protect the rights of others
- The need to ensure the protection of others
- Other vulnerable adults or a child are being put at risk
- Adult alleged to have harmed also has care and support needs and may be at risk
- A serious crime has been committed
- Staff or volunteers are implicated
- Undue influence, duress or coercion are involved.

If it is decided that it is necessary to share information and the person is unwilling to give their consent, every effort should be made to encourage the person to provide their consent. This may involve a discussion with the person to explore the reasons for their objections and find out what their concerns are, to explain why it is important and the potential benefits to them as well as the possible consequences of not sharing the information.

As long as it does not increase the risk to the adult, practitioners should inform the person if they need to share their information against their wishes stating who the information will be shared with and why and also to provide reassurance that the information will only be shared with others on a 'need to know' basis.

If it is believed that a person is acting in a way that is a risk only to *their own* safety or wellbeing, and they have the mental capacity to decide and they are not being unduly influenced by anyone else, then it may be reasonable not to share safeguarding information with other partners.

The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing may be justified. The law doesn't prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality for example, where a serious crime may be prevented.

Sharing of information without consent must be lawful and in line with organisational policies and protocols. Exemptions must be considered separately when deciding whether information can be shared without consent. Decisions to share information without consent must be recorded along with the rationale for doing so and placed on the client record.

Refer to **APPENDIX D** for summary of legislation relating to information sharing in the context of adult safeguarding.

## 14. Multi-Agency Risk Management Framework

The [4LSAB Multi-Agency Risk Management Framework \(MARM\) June 2020](#) was developed within the adult sector and has proven itself to be an effective tool for supporting individuals whose safeguarding needs may sit outside of statutory safeguarding arrangements. The process has demonstrated its efficacy in achieving better outcomes with adults with long-term, entrenched behaviours who are at risk but reluctant to engage with support. The MARM Framework forms an integral part of the transitional safeguarding arrangements outlined in this Framework. Adapted to reflect a narrative relevant to transitional safeguarding, it provides a multi-agency process to enable professionals in child and adult services involved in supporting young adults whose vulnerabilities place them at risk of harm. MARM enables a collaborative, coordinated and multi-agency response to risks ensuring timely information sharing of risk, a holistic assessment of needs and risk and the development of multi-agency risk management plans. The MARM Framework is included in '*Bridging the Gap*' national guidance as an example of good practice within transitional safeguarding work.

### Context and rationale for the Multi-Agency Risk Management Framework

The [4LSAB Multi-Agency Risk Management Framework \(MARM\) June 2020](#) was developed in response to learning gained from serious cases and it enables a collaborative, proactive approach which helps to identify and respond to risks before crisis point reached. It supports a coordinated and multi-agency response to manage risks ensuring timely information sharing of risk, a holistic assessment of risk and the development of multi-agency risk management plans.

The MARM Framework is underpinned by a number of important principles including the duty to protect to protect from foreseeable harm even when the person has decision making capacity not to engage in care and support; effective partnership working, professional curiosity, person centred working; strengths based and trauma informed responses. MARM methodology recognises that complex cases often involve people with long term and entrenched risky behaviours and this requires a relationship-based, trauma informed approach where the focus is on building trust and rapport in order to foster engagement to enable work to take place to reduce potential harm.

### Brief description of the approach

MARM does not replace single agency risk management arrangements, it seeks to build on and complement these by providing a multi-agency dimension. It is designed for situations where a person:

- Is unable to obtain necessary care to meet their needs; and/or
- Is unable to make reasonable or informed decisions because of their state of mental health or because they have a learning disability or an acquired brain injury; and/or
- Is unable to protect themselves against potential exploitation or abuse; and/or
- Has refused essential services without which their wellbeing, health and safety needs cannot be met and they are unable to recognise this.

No one agency 'owns' the MARM process. Any agency can initiate the process however, in doing so it assumes the lead coordinating role with responsibility for

convening and chairing the initial meeting. The purpose of the meeting is to gain a holistic overview of current risks and to agree a multi-agency risk management plan. As far as possible, the person should be included and involved in the process and in developing the risk management plan. If the collaborative assessment highlights circumstances which can be more appropriately dealt with under an alternative risk management pathway, a referral would be made. The MARM process continues until the identified risks are either resolved or managed to an acceptable level.

### **How MARM is making a difference**

The MARM Framework was introduced in 2016 across the 4 LSAB area and it is now being used consistently by a wide range of agencies including adult services, MASH, clinical commissioning groups, community and acute health providers, district and borough councils, housing providers, fire and rescue, police and children's services.

Feedback and case examples from partner organisations indicate that the MARM is highly valued by partners as an effective tool for supporting adults to manage risks linked to:

- Vulnerability factors placing them at a higher risk of exploitation or abuse
- Self-neglect of personal care and health needs, hoarding and fire safety
- Refusal or disengagement from care and support services
- A combination of unwise decision-making, disengagement/refusal of support and decision-making capacity
- Complex/diverse needs either falling between or spanning, a number of agencies' statutory responsibilities or eligibility criteria
- Transitional safeguarding
- On-going needs/behaviour leading to lifestyles that place themselves and/or others at risk
- Complex cases involving people with long term and entrenched behaviours
- High intensity service use
- Complex hospital discharges relating to physical and mental health
- Complex needs and behaviours leading the adult to cause harm to others.

### **Using the MARM in a transitional safeguarding context**

The person should be involved in the MARM process as fully as they wish or are able and their rights respected to make apparently unwise lifestyle choices and to refuse support. MARM enables a collaborative approach in which the person being supported and those providing support, work together to determine an outcome that draws on the adult's strengths and goals. In this sense, MARM provides the adult with the opportunity to be a co-producer of their support rather than a passive recipient of support but supported where required by an advocate who can offer independent support, ensure the adult is heard and their rights are promoted and respected.

Responses from professionals need to be balanced with the personal rights, freedoms and to be the least intrusive. Wherever possible, the person's consent to share information should be sought and if necessary, discussions held with them to explain why the meeting is needed, how they can be involved and potential benefits. However, in certain circumstances, a MARM meeting can be held without the person's consent even if this means overriding their decision not to consent.

However, there has to be a lawful basis for this to occur with the decision and rationale for this action recorded.

Implementation of MARM has supported effective partnership working and the ability to achieve better outcomes for the person. This has been enabled by the timely sharing of vital information, avoidance of a 'refer on' culture, attention to developing or strengthening the person's support network, better understanding of the respective roles and responsibilities of partner agencies, a solution focused, relationship-based approach, co-ordination and management of case work and interface with other processes and jointly reviewing and communicating progress at regular intervals.

## **15. Local area case studies**

**APPENDIX D** 3 local area case studies providing examples of how this Framework can be applied in practice and exploring the interface between child and adult safeguarding. These include discussion prompts and key issues for organisations and professionals to consider to enable them to develop a responsive and effective system and practice to safeguard young people at risk as they move into adulthood.

# APPENDICES



**APPENDIX A: Links to all the legislation, statutory codes of practice, policies and practice guidance referred to in this Framework:**

**Relevant legislation:**

[Human Rights Act 1998](#)  
[Care Act 2014](#)  
[Mental Capacity Act 2005](#)  
[Data Protection Act 2018](#)  
[Crime and Disorder Act 1998 \(section 115\)](#)  
[Children's Act 1989](#)  
[Children \(Leaving Care\) Act 2000](#)  
[Children's Act 2004](#)  
[Children and Social Work Act 2017](#)

**Statutory Codes of Practice:**

[Care and Support Statutory Guidance \(April 2021\)](#)  
[Working Together to Safeguard Children \(December 2020\)](#)  
[Mental Capacity Act Code of Practice 2007](#)

**4LSAB Safeguarding Adults Policy and Guidance:**

[4LSAB Multi-Agency Safeguarding Adults Policy and Guidance \(June 2020\)](#)  
[4LSAB Safeguarding Concerns Guidance \(October 2020\)](#)  
[4LSAB Multi-Agency Risk Management Framework \(MARM\) June 2020](#)  
[4LSAB Multi-Agency Information Sharing Guidance \(June 2020\)](#)  
[4LSAB Multi-Agency Risk Management Framework \(June 2020\)](#)  
[4LSAB Multi-Agency Guidance Safeguarding Roles and Responsibilities \(June 2020\)](#)  
[4LSAB and LSCP Family Approach Protocol \(November 2018\)](#)  
[4LSAB Multi-Agency Escalation Protocol \(July 2018\)](#)

**4LSAB One Minute Guides:**

[One Minute Guide to the Multi-Agency Risk Management Framework \(MARM\)](#)  
[Podcast on Multi-Agency Risk Management Framework \(MARM\)](#)  
[One Minute Guide to the Mental Capacity Act 2005](#)  
[One Minute Guide to Making Safeguarding Personal](#)  
[One Minute Guide to Advocacy](#)  
[One Minute Guide on Managing Difficult Conversations](#)

**Transitional safeguarding:**

[Bridging The Gap - transitional safeguarding and the role of social work with adults \(DHSC, June 2020\)](#)

[Safeguarding during adolescence – relationship between contextual and complex safeguarding \(BASW, January 2019\)](#)

**Risk enablement:**

[Briefing on Working with Risk \(Local Government Association, 2018\)](#)

**Making Safeguarding Personal:**

[Making Safeguarding Personal Resources \(ADASS and LGA, December 2017\)](#)

**4LSCP Guidance:**

[Hampshire, Isle of Wight, Portsmouth and Southampton \(hipsprocedures.org.uk\)](#)

## **APPENDIX B: Glossary of terms used in transitional and adult safeguarding work.**

**Abuse and neglect:** Types and categories of abuse and neglect can take many forms. Agencies and organisations should not be constrained in their view of what constitutes abuse or neglect and should always consider the circumstances of the individual case. Abuse includes physical abuse, domestic violence or abuse, sexual abuse, psychological or emotional abuse, financial or material abuse, modern slavery, discriminatory abuse, organisational or institutional abuse, neglect or acts of omission, self-neglect.

**Adolescence:** A transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood. Adolescence is usually associated with the teenage years, but its physical, psychological or cultural expressions may begin earlier and end later.

**Adverse Childhood Experiences (ACES):** Encompass various forms of physical and emotional abuse, neglect, and household dysfunction experienced in childhood. ACEs have been linked to premature death as well as to various health conditions, including those of mental disorders.

**Adult:** A person aged over 18 years old

**Adult safeguarding:** Activity to protect a person's right to live in safety, free from abuse and neglect. It involves people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that their well-being and safety is promoted, having due regard to their views, wishes and desired outcomes.

**Advocacy:** Support to help people say what they want, secure their rights, represent their interests and obtain services they need. Under the Care Act, the local authority must arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or a safeguarding adult review if they need help to understand and take part in the enquiry or review and to express their views, wishes, or feelings.

**Best interests' decision:** A decision made in the best interests of an individual made in accordance with s.4 of the Mental Capacity Act 2005 when they have been assessed as lacking the mental capacity to make a particular decision. In determining what is in the person's best interest the person making the determination must take into consideration anything relevant, such the past or present wishes of the person (and in particular any relevant written statement made by them when the person had capacity), and their beliefs and values and where practicable and appropriate to obtain the views of a lasting power of attorney or deputy. It includes a duty to consult with relevant people who know the person such as a family member, friend, GP or advocate.

**Care Act 2014:** Came into force in April 2015 and significantly reforms the law relating to care and support for adults and carers. This legislation also introduces a number of provisions about safeguarding adults at risk from abuse or neglect. Sections 42-46 and 68 provide the statutory framework for protecting adults from abuse and neglect.

**Care and support needs:** The support a person needs to achieve key outcomes in their daily life as relating to wellbeing, quality of life and safety. The Care Act introduces a national eligibility threshold for adults with care and support needs which consists of three criteria, all of which must be met for a person's needs to be eligible.

**Carer:** Informal, unpaid carers such as relatives or friends of the adult. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'.

**Care settings or services:** Health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone's own home by an organisation or paid employee for a person by means of a personal budget.

**Child:** In England a child is defined as anyone who has not yet reached their 18<sup>th</sup> birthday. Child protection guidance points out that even if a child has reached 16 years of age and is living independently; in further education; a member of the armed forces; in hospital; or in custody in the secure estate, they are still legally children and should be given the same protection and entitlements as any other child (DoE, 2018).

**Children Act 1989 (amended 2004):** Brings together and simplifies existing legislation relating to the care of children. It specifies duties to local authorities, courts, parents, and other agencies in the United Kingdom, to ensure children are safeguarded and their welfare is promoted. Within family law, it shifted the legislative focus towards keeping families together, and valuing children as individuals with their own interests and rights. The Act was amended in 2004 to reinforce that all people and organisations working with children have a responsibility to help safeguard children and promote their welfare.

**Children (Leaving Care) Act 2000:** Extends the duties of local authorities towards 'looked after children'. The Act ensures that children leaving care at 16 will not suddenly cease to be the responsibility of local authorities.

**Children and Social Work Act 2017:** This improves support for looked after children and care leavers, as well as promoting the welfare and safeguarding of children. It sets out corporate parenting principles for the local authority to be the 'best parent it can be' to children who are in its care. Local authorities are, under this Act, obliged to publish their support offer to care leavers and promote any educational attainment of children who have been adopted or placed in long-term care arrangements.

**Community safety:** A range of services and initiatives aimed at improving safety in the community. These include Safer Neighbourhoods, anti-social behaviour, hate crime, domestic abuse, PREVENT, human trafficking, modern slavery, forced marriage and honour violence.

**Complex safeguarding:** A term used to describe criminal activity (often organised) or behaviour associated with criminality, involving children and adults, where there is exploitation and/or a clear or implied safeguarding concern.

**Consent:** The voluntary and continuing permission of the person to an intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

**Contemporaneous notes:** Notes taken at the time of meetings with individuals, telephone calls, visits to premises during the course of an investigation. These may also be important in the context of giving evidence in legal proceedings.

**Contextual safeguarding:** An approach to safeguarding that responds to young people's experiences of harm outside of the home, for example, with peers, in schools and in neighbourhoods. This recognises that the relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse.

**County Lines:** A term used to describe the approach taken by gangs and criminal networks to supply class A drugs from urban to suburban areas across the country, including market and coastal towns, using dedicated mobile phone lines. The children and young people involved may not perceive themselves to be victims of exploitation, as they consider they have acted voluntarily. This is further complicated as the exploited children often receive cash or gifts/drugs from their abusers as a means to groom them.

**Crime and Disorder Act:** Section 115 of the Act allows for the exchange of information to a responsible authority where that disclosure is necessary or expedient to support delivery of the local strategy to reduce crime and disorder, the youth justice plan, or any other purpose of the Act.

**Defensible decision-making:** Providing a clear rationale based on legislation, policy, models of practice or recognised tools utilised to come to an informed decision. This decision is based on the information known at that particular time and it is important to accurately and concisely record the decision-making process, in order to explain how and why the decision was made at that time.

**Deprivation of Liberty Safeguards (DOLs):** Measures to protect people lacking the mental capacity to consent to their residence and care introduced in April 2009 as part of the Mental Capacity Act 2005. Procedures apply to people in care homes or hospitals where they are being deprived of their liberty. In May 2019, a Mental Capacity (Amendment) Bill passed into law in which Deprivation of Liberty Safeguards

(DoS) will now be replaced by a new scheme, Liberty Protection Safeguards. It extends the safeguards to people not just in hospitals and care homes but also to those living in the community. An implementation date has yet been set by the Government.

**Domestic abuse:** Any incident or pattern of incidents, of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality. Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or stepfamily. Domestic abuse can encompass, but is not limited to psychological, physical, sexual, financial, emotional abuse. The statutory definition introduced under the Domestic Abuse Act 2021 now includes physical violence AND emotional and economic abuse and extends the controlling or coercive behaviour offence to cover post-separation abuse.

Coercive, controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. The Domestic Abuse Act 2021 aims to provide further protection to victims of domestic abuse, as well as strengthening measures to deal with perpetrators. The Act has introduced Domestic Abuse Protection Notices and Domestic Abuse Protection Orders. Other protections in the Act include a duty on local authorities to provide accommodation based support to victims of domestic abuse and their children in refuges and other safe accommodation; perpetrators prohibited from cross-examining their victims in person in the civil and family courts; entitlements of victims for special measures in the criminal, civil and family courts and extension of the offence of disclosing private sexual photographs and films with intent to cause distress (known as the “revenge porn” offence) to cover threats to disclose such material.

**Domestic Abuse cont.:** Coercive behaviour forms part of domestic abuse and is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or stepfamily (Home Office 2012). The Domestic Abuse, Stalking and Harassment and ‘Honour’ Based Violence (DASH) is a tool used to help front-line practitioners identify high risk cases of domestic abuse, stalking and ‘honour’-based violence

**Duty of care:** Refers to the obligations placed on people to act towards others in a certain way, in accordance with certain standards. Everyone has a clear moral and/or professional responsibility to prevent or act on incidents or concerns of abuse or neglect. A duty of care to adults at risk is fulfilled when all the actions reasonably expected of a person in their role have been carried out with appropriate care, attention and prudence.

**Family Approach:** A Family Approach is one that secures better outcomes for

children (including unborn babies), adults with care and support needs, children and their families by co-ordinating the support they receive from Adult and Children and Family Services. The support provided by these services should be focused on problems affecting the family as this is the only effective way of working with families experiencing the most significant problems.

**Female Genital Mutilation (FGM):** As defined by the World Health Organisation (WHO) as ‘all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.’

**Female Genital Mutilation Act 2003 (FGMA):** Legislation extending the ban on FGM to address the practice of taking girls abroad to undergo FGM procedures.

**Forensic Medical Examiner (FME):** Forensic Medical Examiner Forensic medical examiners (FMEs), formerly called police surgeons, are a group of doctors working in the field of clinical forensic medicine. Most FMEs are GPs and work on a part-time basis.

**Harm:** Ill treatment (including sexual abuse and forms of ill treatment which are not physical), the impairment of, or an avoidable deterioration in, physical or mental health and/or the impairment of physical, intellectual, emotional, social or behavioural development.

**Hate Crime:** any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person’s religion, belief, gender identity or disability.

**Human Trafficking:** the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation”.

**Independent Domestic Violence Adviser (IDVA):** A trained support worker who provides assistance and advice to victims of domestic violence.

**Independent Mental Capacity Advocate (IMCA):** Established by the Mental Capacity Act 2005, IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including decisions about where they live and serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services (such as a family member or friend) who is able to represent the person. However, in the case of safeguarding concerns, IMCAs can be appointed. irrespective of whether there are friends or family around and irrespective of whether accommodation or serious medical treatment is an issue.

**Inherent Jurisdiction of the High Court:** The High Court can make orders to protect people who may be intimidated, coerced or otherwise unable to act on a decision to protect themselves against harm.

**Intermediary:** someone appointed by the courts to help a vulnerable witness give their evidence either in a police interview or in court.

**Lasting Power of Attorney (LPA):** In English law was created under the Mental Capacity Act 2005 and came into effect on 1 October 2007. The LPA replaced the former enduring powers of attorney which were narrower in scope. An LPA is a legal document that lets the individual (the donor) appoint one or more people (known as attorneys' to help the individual make decisions or to make decisions on their behalf.

The individual must be 18 or over and have mental capacity (the ability to make their own decisions) when the LPA is made. There are 2 types of LPA: (1) health and welfare (2) property and financial affair. An individual can choose to make one type or both. Their purpose is to meet the needs of those who can see a time when they will not be able – in the words of the Act, will lack capacity – to look after their own personal, financial or business affairs. The LPA allows them to make appropriate arrangements for family members or trusted friends to be authorised to make decisions on their behalf. The LPA is created and registered with the Office of the Public Guardian, an executive agency of the Ministry of Justice of the United Kingdom.

**Local Safeguarding Adults Board (LSAB):** A statutory, multi-organisation partnership committee, coordinated by the local authority, which gives strategic leadership for adult safeguarding, across the local authority. A SAB has the remit of agreeing objectives, setting priorities and coordinating the strategic development of adult safeguarding across its area.

**Making Safeguarding Personal (MSP):** Describes a person-centred and rights-based approach to adult safeguarding, which is incorporated into the Care Act 2014 guidance. It is a strengths-based approach, in which the person is understood to have rights to live their life, which need to be balanced with their right to / need for safety. It locates the person being supported as the expert in their own life and emphasises the importance of empowerment and partnership working alongside the adult.

**Mate Crime:** A form of exploitation which occurs when a person is harmed or taken advantage of by someone, they thought was their friend.

**Mental Capacity:** Refers to whether someone has the mental capacity to make a decision or not. The Mental Capacity Act 2005 and the Code of Practice outlines how agencies should support someone who lacks the capacity to make a decision

**Mental Health Act 2007 (MHA):** amends the Mental Health Act 1983 (the 1983 Act), the Mental Capacity Act 2005 (MCA) and the Domestic Violence, Crime and Victims Act 2004. This includes changing the way the 1983 Act defines mental disorder, so that a single definition applies throughout the Act, and abolishes references to categories of disorder.

**Modern Slavery:** includes human trafficking, slavery, servitude ad forced and

compulsory labour. The Modern Slavery Act 2015 became law on 26 March 2015 and is designed to tackle slavery in the UK and consolidates previous offences relating to trafficking and slavery.

**Multi-Agency Safeguarding Hub (MASH):** The purpose of the Multi Agency Safeguarding Hub (MASH) is to improve the quality of information sharing between professionals in order to make timely and informed decisions about risk based on accurate and up-to-date information. With this information the MASH is able to provide a brief risk assessment and recommendation to the front door services across Southampton, Hampshire, Isle of Wight and Portsmouth to assist in improving the quality of safeguarding decisions for children and adults. The MASH comprises of representatives from Children's Social Care, Adult Social Care, alongside Hampshire Police, with virtual or co-located partners from other agencies.

**Multi-Agency Public Protection Arrangements (MAPPA):** Statutory arrangements for managing sexual and violent offenders.

**Multi-Agency Risk Assessment Conference (MARAC):** a multi-agency forum of organisations that manage high risk cases of domestic abuse, stalking and 'honour'-based violence.

**No Delay:** The principle that safeguarding responses are made in a timely fashion commensurate with the level of presenting risk. In practice, this means that timescales act as a guide in recognition that these may need to be shorter or longer depending on a range of factors such as risk level or to work in a way that is consistent with the needs and wishes of the adult.

**Multi-Agency Risk Management Framework (MARM):** A proactive, multi-agency risk management approach focusing on prevention and early intervention undertaken within 'business as usual' activity. It is a mechanism that can be used to respond to concerns and circumstances which fall outside statutory section 42 safeguarding enquiry duties. MARM enables collaborative risk assessment and management within and across agencies. MARM has at its foundation the same principles, values and rights-based themes embedded in the statutory section 42 safeguarding enquiry process including prevention, person-centred, strength-based working, effective partnership working, whole family approach and Making Safeguarding Personal.

**PREVENT:** Government strategy which seeks to stop people becoming terrorists or supporting terrorism. It is the preventative strand of the government's counter-terrorism strategy and aims to respond to the ideological challenge of terrorism and the threat from those who promote it; prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support and work with sectors and institutions where there are risks of radicalisation that need to be addressed. It is the preventative strand of the government's counter-terrorism strategy, CONTEST.

**Prevention:** Describes how the care and support system (and the organisations forming part of this system) should work to actively promote the well-being and independence of people rather than waiting to respond when people reach a crisis point. The purpose of this approach is to prevent, reduce or delay needs escalating.



**Professional curiosity:** Is the capacity and communication skill to explore and understand what is happening rather than making assumptions or accepting things at face value, to seek reasons and explanations for actions or behaviour.

**Public interest:** A decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.

**Radicalisation:** Involves the exploitation of susceptible people who are drawn into violent extremism by radicalisers often using a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. The PREVENT Strategy, launched in 2007, seeks to stop people becoming terrorists or supporting terrorism.

**Relational safeguarding:** Refers to person-centred and trauma-informed practice which recognises that meaningful relationships are an important aspect of any therapeutic support. It requires a capacity building and empowering approach, so that young people are supported to build resilience and exercise positive control in their lives.

**Risk enablement:** Recognises that taking carefully considered risks can enable individuals and help improve their wellbeing. Positive risk-taking is a way of working with risk that promotes. This requires safeguarding responses to focus on giving adults more control over, and supporting them to make choices about, their lives. As part of a person-centred approach, adults who may be at risk should be supported to help them recognise potentially abusive situations and understand how they can protect themselves.

**Safeguarding concern:** Any concern raised with the local authority by any person, that an adult with care and support needs is experiencing or is at risk of abuse or neglect.

**Safeguarding Adult Review (SAR):** A statutory review commissioned by the Local Safeguarding Adults Board in response to the death or serious injury of an adult with needs of care and support (regardless of whether or not the person was in receipt of services) and it is believed abuse or neglect was a factor. The process aims to identify learning in order to improve future practice and partnership working.

**Safeguarding plan:** An overarching plan outlining all the actions required to safeguard the adult and to promote their safety and wellbeing. This includes actions to: protect the person from immediate harm to develop their awareness and ability to recognise risks, empowering them to make choices, develop the person's resilience and capability to respond to risks, achieve resolution and recovery from the abuse or neglect experienced.

**Safeguarding work:** Describes all the work multi-agency partners undertake either on a single agency basis (as part of their core business) or on a multi-agency basis within the context of local adult safeguarding arrangements.

**Section 42 Enquiry:** Action taken or instigated by the local authority in response to a concern that an adult with needs for care and support may be at risk of or experiencing abuse or neglect and due to those care and support needs is unable to protect themselves. An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry their representative or advocate, right through to a much more formal multi-agency plan or course of action. This is referred to as a section 42 enquiry.

**Self-neglect:** The inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of adult and perhaps even to their community.

**Special Measures:** Adherence to the guidance on the treatment of vulnerable witnesses in accordance with the guidance set out in Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses and using special measures. Examples of special measures include the use of video recorded interviews, involvement of trained intermediaries, giving evidence by video link and adaptations to courtroom processes to accommodate issues of disability and intimidation and improve the quality of evidence given by the witness.

**Strengths-Based Approach:** Promotes an ethos of person-centred working and ‘no decision about me without me’. It recognises people as experts in their own lives focusing support on achieving the outcomes identified by the adult and using their strengths, skills and assets to achieve these.

**Prevention:** Care Act Statutory Guidance describes prevention as the care and support system actively promoting independence and wellbeing. In practice this means intervening early to support individuals, helping people retain their skills and confidence, and preventing need or delaying deterioration wherever possible.

**Transition:** A process or period of changing from one state to another. It can happen throughout our lives and it is experienced differently by different individuals. Within some aspects of social care, in particular safeguarding, the notion of transition can imply a definitive ‘line in the sand’ – a point of no return – at the age of 18 years.

**Transitional safeguarding:** Safeguarding young people from adolescence into adulthood, recognising this period of transition will be experienced differently for young people at different times. For the purpose of this document, ‘young people’ refers to people aged mid-teens to mid-twenties however, some flexibility is important as Transitional Safeguarding encourages a shift away from age-determined boundaries that can be overly rigid.

**Trauma in-tune Practice:** a strengths-based approach, which seeks to understand and respond to the impact of trauma on people’s lives. The approach emphasises physical, psychological, and emotional safety for everyone and aims to empower individuals to re-establish control of their lives.

**Vital interests:** a term used in the Data Protection Act 2018 to permit sharing of

information where it is critical to prevent serious harm or distress or in life-threatening situations. Article 6(1)(d) GDPR states “processing is necessary in order to protect the vital interests of the data subject or of another natural person”.

**Wellbeing:** The Care Act 2014 creates a legal duty to promote a person’s wellbeing. This applies to several areas of life including personal dignity; physical and mental health and emotional wellbeing; protection from abuse and neglect; control by the individual over their day-to-day life; participation in work, education, training or recreation; social and economic wellbeing; domestic, family and personal domains; suitability of living accommodation and an individual’s contribution to society. There is no hierarchy in the areas of wellbeing listed as all are seen as equally important.

**Youth Justice and Criminal Evidence Act (YJCEA):** Provides for the referral of offenders under 18 to youth offender panels; to make provision in connection with the giving of evidence or information for the purposes of criminal proceedings; to amend section 51 of the Criminal Justice and Public Order Act 1994; to make pre-consolidation amendments relating to youth justice; and for connected purposes. This includes special measures directions in case of vulnerable and intimidated witnesses, defined as: A person suffering from a mental disorder within the meaning of the Mental Health Act 1983 or who otherwise has a significant impairment of intelligence and social functioning. A person who has a physical disability or disorder.

## APPENDIX C: Summary of Care Act Duties Relevant to Adult Safeguarding.

<b>Section:</b>	<b>Duties under the Care Act 2015 relevant to safeguarding:</b>
<b>Section 1 Wellbeing</b>	Control of day-to-day life, suitability of living accommodation, contribution to society and consideration of a person's views, wishes, feelings and beliefs.
<b>Sections 2/24 Prevention</b>	Services, facilities or resources to prevent or delay the development of, or reduce the needs for care and support.
<b>Section 4 Information and advice</b>	Universal information and advice - information on how to access independent financial advice, whether or not a resident has eligible care needs.
<b>Sections 6/7 Duty of cooperation</b>	General duty of cooperation: between the LA and other organisations with functions relevant to care and support.
<b>Section 9 Assessment of need</b>	Assessment of anyone who appears to require care and support, regardless of their likely eligibility for state-funded care
<b>Section 10 Assessment of carer needs</b>	Assessment of a carer's needs if they are caring for an adult with care & support needs regardless of the eligibility of these needs.
<b>Section 11 Refusal of assessment</b>	If an adult refuses a needs assessment, no requirement to carry out the assessment unless the adult lacks the mental capacity or the adult is experiencing, or is at risk of, abuse or neglect.
<b>Section 13 Determining eligibility</b>	Requirement to determine eligibility of needs following a needs assessment or a carer's assessment.
<b>Sections 18/20 Meeting eligible needs</b>	Sets out circumstances establishing an entitlement to public care and support for adults who need care and support and for carers' support needs.
<b>Section 24 Care and support plans</b>	Plan of what can be done to meet/reduce assessed needs and also any support needed to prevent /delay the development of needs for care and support in the future.
<b>Section 27 Reviewing care and support</b>	Review of care and support plans/carers' support and to carry out an assessment if the person's circumstances have changed. The adult can also make a reasonable request to have a review.
<b>Sections 42-45 Safeguarding</b>	Requirement to make enquiries, or cause others to do so, if an adult is experiencing, or is at risk of, abuse or neglect.
<b>Section 47 Protection of property</b>	Protecting moveable property of adults being cared for away from home and taking reasonable steps to prevent or mitigate the loss or damage.
<b>Sections 58-66 Transition</b>	Duty to assess a child, young carers or child's carer before they turn 18, in order to help them plan if they are likely to have needs once they turn 18 and if it will be of 'significant benefit'.
<b>Sections 67/68 Independent advocacy</b>	Arrange independent advocacy to facilitate the involvement of an adult or carer who is the subject of an assessment, care or support planning or review – 'substantial difficulty'.
<b>Section 73 Care provider HRA compliance</b>	Regulated care providers are bound by the Human Rights Act when providing care and support.

## APPENDIX D: Legislation relating to Information Sharing in the Context of Adult Safeguarding

Law	Provisions
<b>Common law duty of confidentiality</b>	People must feel safe in sharing their concerns and asking for help - right to confidentiality is not absolute. Sharing relevant information with the right people at the right time is vital to good safeguarding practice. Possible to discuss concerns and seek advice without necessarily giving an individual's personal details.
<b>Human Rights Act 1998</b>	Article 8 of the ECHR - a right to respect for private life. Not an absolute right and can be overridden if necessary and in accordance with the law. Interference must be justified - protection of health, prevention of crime, protection of the rights and freedoms of others.
<b>Data Protection Act 2018</b>	DPA and GDPR do not change practice re safeguarding because the GDPR permits sharing information without consent in certain circumstances such as vital interests – e.g. if critical to prevent serious harm or distress, or in life-threatening situations. Other less intrusive ways to protect the person's life must be explored and decisions justified and recorded.
<b>Crime and Disorder Act 1998</b>	Any person may disclose information to a relevant authority under Section 115 of the Crime and Disorder Act 1998, 'where disclosure relates to the reduction and prevention of crime and disorder'.
<b>Mental Capacity Act 2005</b>	MCA is also relevant as all those coming into contact with adults with care and support needs should be able to assess whether someone has decision-making capacity regarding risk, safety or the sharing of information.

## APPENDIX E: Local Area Case Studies

### Case Study 1: Andy

Andy is an 18-year-old male, he is a care leaver, open to the Care Leavers Team and has had involvement from Child and Adolescent Mental Health Services. He is also open to secondary mental health services due to several factors including suicidal ideation and illicit substance misuse withdrawal. Andy has a mental health diagnosis and more recently his mental health has been worsened by substance misuse. Andy has been intermittently admitted to hospital for treatment, on discharge however, compliance with taking medication had deteriorated resulting in several relapses.

During his most recent admission, Andy was assessed to be agitated, unpredictable and paranoid and had been noted to be suffering from insomnia. Alcohol had been consumed which was a further factor recognised to increase the risks associated with their mental health. Andy's behaviour was noted to be erratic towards staff with verbal aggression and violence. There had also been altercations with other patients which required risk assessing whilst Andy remained an in-patient. Andy had been living at home with his family and younger sibling, but due to his unpredictable behaviour towards his family he was supported to move to supported accommodation.

Andy agreed to reside in supported accommodation post discharge, due to having a lack of insight into his own mental health needs and triggers for relapse. His supported living provider have received report from 2 tenants that he was repeatedly behaving in an aggressive and threatening manner towards them. The police have been involved and the housing provider have explained to him that this behaviour could mean an arrest and the loss of his tenancy.

The housing provider has raised a safeguarding concern in relation to the 2 tenants who are experiencing abuse and both have care and support needs and are asking for help to address the problems. The LA have spoken to the 2 tenants to ascertain their views and wishes, and have determined that for both individuals the Care Act Statutory Section 42 (1) criteria was met and initial enquiries under Section 42 (2) determined that the LA and other agencies needed to do something to help support and protect the adults at risk.

The LA also considered their duties to Andy both in terms of his care and support needs and the need to work in partnership with other agencies. A decision was made following discussions with partner agencies and with Andy that as a multidisciplinary team, through working in partnership and sharing information effectively and efficiently, agencies would be more able to take the necessary steps to work with Andy to reduce and manage the risks.

The Care Leavers Team agreed to call a MARM (Multi-Agency Risk Management) meeting, coordinated by a practitioner in the team and chaired by a manager.

The practitioner and manager identified agencies already involved and agencies who would be able to contribute towards this multi-disciplinary approach. They discussed the MARM criteria and agreed that the criteria were relevant and the risks were escalating and unmanageable. The practitioner working with Andy discussed the approach, the purpose of the meeting and things that were important to him. Agencies involved were contacted and asked to share their risk assessments, invited to attend the MARM meeting, sent a [MARM meeting agenda](#) and made aware that Andy would be attending the meeting supported by his advocate. Agencies invited by the Care Leavers Team were CAMHs, police, housing provider, mental health services, substance misuse services, advocacy, adult social care and children services.

All professionals involved with Andy's care have demonstrated a [Think Family Approach](#) recognising the risks Andy posed towards his family. The case also identified areas of good practice as practitioners worked closely with Andy's family members to support them in aiding Andy to integrate back into society within a safe, managed and coordinated approach.

**Existing legislation and guidance provide several levers to support local areas seeking to adopt and embed Transitional Safeguarding. In particular:**

The Care Act 2014 guidance emphasises the importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist. This principle can be applied to those young people whose experiences and trauma mean they may need support to live safely, without them having formally defined care and support needs.

The wellbeing principle within the Care Act 2014 applies equally to those who do not have eligible care and support needs but come into contact with the system in some other way and applies equally to those who, for a variety of reasons, may find it difficult to engage with professionals. This overarching principle resonates with the need for an accessible offer of support for young people making the transition to adulthood.

The Care Act 2014 guidance also requires us to ensure that decisions take account of the individual's circumstances, rather than basing decisions only on a person's age or appearance, any condition they have, or any aspect of their behaviour. Whilst this principle is important in ensuring proportionate and the least intrusive responses, it is equally important in ensuring that needs and vulnerabilities are recognised amongst young people who might be assumed to be ineligible for support.

**Key issues for local authorities to consider:**

There are a range of issues that should be considered when assessing the needs of children and young people or care leavers. These include the:

- particular accommodation and support needs of the young person
- risks to the young person if s/he remains (or becomes) homeless
- personal characteristics and experiences of the young person
- young person's wishes and feelings.

Local authorities should operate a protocol between housing and social services authorities that details their specific roles and responsibilities in dealing with young people. Advisers can request a copy of this document from their local authority.

Joint housing protocols for care leavers should help children's services and housing authorities deliver the local accommodation offered to care leavers and prevent homelessness. It should set out commitments as corporate parents, and how these will be delivered in practice.

[Joint housing protocols for care leavers](#) provides advice to support the development of joint Housing authorities are required to have regard to the [Homelessness Code of Guidance for Local Authorities](#) in exercising their functions under Part 7 of the Housing Act 1996 and under the Homelessness Act 2002.

### **Promoting cooperation**

Statutory authorities are under a duty to promote cooperation between agencies to improve the well-being of young people in their area, and to have regard to the need to promote the well-being of children in the discharge of their functions.<sup>[8]</sup>

This applies to the authority as a whole, not just the social services department.<sup>[9]</sup> Cooperation in assessments. Protocols should set out how social care assessments will 'be informed by, and inform, other specialist assessments' and 'ensure that any specialist assessments are coordinated so that the child and family experience a joined-up assessment process and a single planning process'.

### **Requesting assistance from other departments**

The Housing Act 1996 allows a housing authority to request a social services authority (in England, Scotland or Wales) to assist it in the discharge of its homelessness functions. Depending on its other commitments and responsibilities, the social services authority must co-operate by offering such assistance as is reasonable in the circumstances. Each case should be considered on the circumstances at the time.<sup>[12]</sup>

Under the Children Act 1989, social services departments can request the assistance of a housing authority to provide accommodation for a child in need.<sup>[16]</sup> A housing authority must comply unless doing so would prejudice its ability to discharge its own functions, for example, where it has already decided that it did not owe any further duty to accommodate because the applicant had been found to be intentionally homeless under the homelessness legislation.<sup>[17]</sup>

Requests for assistance are not legally enforceable within a single unitary authority.<sup>[18]</sup> However, statutory guidance requires that the same degree of co-operation should be provided.<sup>[19]</sup> Although duties under the Children Act rest with the authority as a whole, social services authorities have the responsibility of dealing with any problems regarding the provision of services.

### **Ongoing cooperation**



In some cases, it will be necessary for housing and social services departments to keep monitoring the situation and acting according to new information. This may involve further referrals. Where a social services department identifies a need for rehousing it is not enough to refer to the housing authority and close the file.

### **Integrated youth homelessness services**

Statutory guidance suggests that children's and housing services could establish an 'integrated front door' whereby the two departments work together to provide assessment, homelessness prevention and access to suitable accommodation.

Children's services would need to take the lead, given that the Children Act 1989 takes precedence over the Housing Act 1996. In addition, the guidance suggests that:

- strategies such as homelessness or supported housing strategies should include the anticipated accommodation and support needs of vulnerable young people
- consideration should be given to developing collaboration between children's services and commissioners of housing and support services to meet the housing needs of young people in the area

### **Mental Capacity Act**

#### **The Children Act**

Social Services has duties under the Children Act 1989 to prepare children for leaving care. Social services must publish information relating to what support it offers to care leavers. It also has duties and powers to assist care leavers depending on their age, when they left care, and for how long they were in care.

#### **Corporate parenting principles**

In carrying out any duty to a care leaver who is a relevant or former relevant child under the age of 25, the local authority (not just social services) must:[\[3\]](#)

- act in the young person's best interests, and promote her/his physical and mental health and well-being encourage care leavers to express their views, wishes and feelings, and take them into account help those young people gain access to and
- make the best use of, services provided by the local authority and its relevant partners promote high aspirations in, and seek to secure the best outcomes for care leavers ensure the safety of care leavers and
- stability in their home lives, relationships and education or work prepare them for adulthood and independent living.

### **Case Study 2: Kelly**

Kelly identifies as Black British. Kelly became pregnant just before her 16th birthday. At that time, she was receiving support from children's services due to concerns about her 'risky behaviours'. Kelly had suffered a significant bereavement (her brother) soon after starting secondary school and a serious sexual assault a few months later. She was seeing a counsellor briefly to try to address her feelings of

anxiety, but stopped attending these sessions in Year 10, saying she preferred to 'talk to her mates'. Professionals were concerned these friends were a negative influence.

Kelly was known to be using drugs and was reported missing several times during her teens. She was believed to be at risk of sexual exploitation and her father believed the father of Kelly's child was an older man who had groomed her. Kelly would not comment on this during any assessment with professionals.

Kelly's first baby was removed and adopted, after it was determined there was no one within Kelly's immediate or wider family who could care for the child.

Kelly blamed her parents for this; she felt they had "Told social workers stuff that made them think I was a bad mum". Relationships within her family became very strained and she left home aged 17 soon after her first baby was adopted.

Kelly is now 19 and pregnant with her second child. She is not in contact with her parents or any other family members. Whilst initially excited about her second pregnancy, when she found out that children's services would again be involved Kelly became very upset and her self-care deteriorated. Her engagement with ante-natal care reduced and her drug use increased as she struggled with her fear of losing a second baby to adoption. She continues to grapple with social anxiety and says that smoking cannabis is the only thing that helps her to manage it.

Kelly denies she uses other drugs, but her landlord disagrees. He has reported her to the police for having drug dealers at the property and her tenancy is now at risk. She agreed to meet with local drug and alcohol services, but did not attend the first appointment. She was referred for counselling via her GP, but there is a long waiting list. It was calculated that at one point there were twenty agencies involved with her. Her case file states her engagement with some services has been sporadic and that she often does not engage at all, which further increases children's services professionals' concerns about her ability to provide a safe environment for her baby.

**Key practice prompts for multi-agency professionals to consider:**

- a) What support could potentially have helped Kelly earlier in her life - from professional services and from her personal networks?
- b) What might a trauma-informed response to Kelly's situation look like?  
What's available in your local area to support this kind of approach?
- c) How might the approach of professionals in Kelly's life now serve to escalate or de-escalate the risk of her baby being removed from her care?
- d) What exists locally for young parents who have experienced adversity in their childhood? How effective are these initiatives/services and what would strengthen them?
- e) How can the concerns of professionals be communicated to Kelly in a way that is fair, humane and recognises her previous experiences?
- f) How will Kelly know that she matters as well as her child?
- g) What specific role could Adult Social Care play and do they have any statutory duties towards Kelly?

- h) If the concerns are not concerns that the LA have statutory safeguarding duties, what would inform a decision to use the MARM framework?
- i) Do the concerns about Kelly constitute an adult safeguarding concern?

Adapted from RiPFA Strategic Briefing: Transitional Safeguarding – adolescence to adulthood Appendix 2 August 2018 [www.ripfa.org.uk/resources/publications/strategic-briefings/transitional-safeguarding--adolescence-to-adulthood-strategic-briefing-2018](http://www.ripfa.org.uk/resources/publications/strategic-briefings/transitional-safeguarding--adolescence-to-adulthood-strategic-briefing-2018)

### **Case Study 3: Bea**

Bea is an 18-year-old young woman being supported by leaving care services. She lives in supported living accommodation commissioned by the local authority housing department.

Bea received support from Child and Adolescent Mental Health Services (CAMHS), is not currently known to Adult Mental Health Services and has missed several GP appointments to discuss her mental health. Support workers have become increasingly concerned as Bea is not returning to the accommodation and not making contact with services for a week or more at a time.

The last time Bea was reported missing, the police located her 80 miles away with people who have been linked to county lines. Bea has recently disclosed that she has a new boyfriend who is reportedly 10 years older than her and who tells her not to inform staff of her whereabouts. Other young adults within the accommodation have said that Bea has self-harmed and upon her return appears under the influence of substances.

A safeguarding concern was raised by Bea's personal assistant within the local authority through care team due to concerns that she may be at risk of, or experiencing, domestic abuse and/or sexual or criminal exploitation. Bea had some support needs but no identified care needs at the time of referral.

The Adult Safeguarding team, in partnership with the leaving care service, applied [Multi-Agency Risk Management Framework](#) to convene a meeting which Bea attended.

Bea disclosed that her boyfriend was asking her to stay at addresses she felt uncomfortable with. Bea consented to a referral to a voluntary sector organisation that supports young people aged 18+ who may be at risk of trafficking.

Neighbourhood policing teams have spoken with Bea and provided safeguarding advice. Bea felt empowered to speak to her GP and, though she doesn't yet feel ready to begin therapy, she has been accessing Samaritan's telephone support. Bea is now working with the team of professionals around her to explore career aspirations.

**Key practice prompts for multi-agency professionals to consider:**

- j) What support could potentially have helped Bea earlier in her life - from professional services and from her personal networks?
- k) What might a trauma-informed response to Bea's situation look like? What's available in your local area to support this kind of approach?
- l) What exists locally for young adults who have had adverse experiences in their childhood? How effective are these initiatives/services and what would strengthen them?
- m) How can the concerns of professionals be communicated to Kelly in a way that is fair, humane and recognises her previous experiences?
- n) What specific role could Adult Social Care play and do they have any statutory duties towards Bea?
- o) Do the concerns about Bea constitute an adult safeguarding concern?
- p) If the concerns are not concerns that the LA have statutory safeguarding duties, what would inform a decision to use the MARM framework?

## APPENDIX F: 7 Minute Briefing

### 1. Introduction

Good safeguarding practice doesn't happen by accident – and in the same way abuse and exploitation doesn't end at the age of 18 and yet many of the services for adults are designed to support only those people with ongoing care and support needs. A new joint briefing on making Transitional Safeguarding a reality has been published by the Department of Health and Social Care and other agencies, including ADASS, LGA and BASW.

The 4LSAB have developed an overarching multi-agency framework for managing risk and safeguarding people moving into adulthood has been covering the Hampshire, Isle of Wight, Portsmouth and Southampton and is fully supported and endorsed by the Local Safeguarding Children's Partnerships.

The Framework aims to strengthen the safeguarding support available to young adults aged 18 years with pre-existing vulnerability and risk factors as they move into adulthood. It is recognised that safeguarding arrangements for young adults need to take account of their distinct safeguarding needs.

### 2. What is transitional safeguarding?

'Transitional safeguarding' is about recognising that the needs of young people do not change or stop when they reach 18, although the laws and services supporting them often do. It is about making sure they have the help they need to keep themselves safe and as independent as possible. It is an approach to safeguarding that moves through developmental stages, rather than just focusing on chronological age, building on best practice and learning from both adult and children's services. "Those working with adults should be curious about the childhood of the adult they are supporting and those working with children should be ambitious about the adult they are helping to create" (Dez Holmes, 2021).



### 3. Why is transitional safeguarding important?

The wider child safeguarding system does not always work well for adolescents, often designed to meet the needs of younger children. Adolescents are thought to need distinct services and professional approaches in line with their developmental needs, recognising that harm and its effects do not stop at age 18. Many of the environmental and structural factors that increase a child's vulnerability continue into adulthood, resulting in unmet needs and costly later interventions.

The children's and adults' safeguarding systems have developed from different theories, come under different laws and have different processes as a result. This can make the transition to adulthood harder for young people facing ongoing risk and mean that young people entering adulthood experience a 'cliff-edge' in terms of support.



### 4. How is it different to safeguarding children?

Transitional safeguarding uses aspects from both adult and child approaches in organisations, to offer more tailored support as a young person moves into adulthood. It does not expect that all young adults experiencing risk will have this removed or lessened by formal services in the same way that safeguarding children focuses on explicit protection from harm.



## 5. What are the links with safeguarding adults?

Transitional safeguarding uses aspects from both adult and child approaches in organisations, to offer more tailored support as a young person moves into adulthood. It does not expect that all young adults experiencing risk will have this removed or lessened by formal services in the same way that safeguarding children focuses on explicit protection from harm.

The Making Safeguarding Personal approach, set out in the Care Act, means recognising an adult's rights, freedom of action, choice and control; and the right to make decisions that may seem unwise where mental capacity is not in question. It is about understanding that adulthood gives degrees of personal responsibility, and respecting people's preferred outcomes. It is about risk enablement taking account of an individual's preferences, history and circumstances to achieve a proportionate tolerance of accepted risk.

The statutory guidance under the Care Act 2014 outlines steps to take for young people who are 'likely to have needs' at transition as well as for those who are not in receipt of children's services. The statutory guidance states 'the adult's needs arise from or are related to a physical or mental impairment or illness. Local authorities must consider at this stage if the adult has a condition as a result of either physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse, brain injury ... a formal diagnosis of the condition should not be required'.



## 6. What does it mean for young people moving into adulthood?

An adolescent engaged in 'county lines' or other gang associated harm, may find they receive a criminal justice response rather than being recognised as a victim of criminal exploitation.

A young adult experiencing sexual exploitation may not be eligible for a safeguarding response unless they have care and support needs.

A young person who is subject to a child protection plan may find that support stops abruptly as they turn 18, despite their experiences of maltreatment leaving them just as vulnerable as a child leaving care who would be entitled to ongoing support.

A young adult experiencing domestic abuse and poor mental health may be offered little or no support for their own safety unless the circumstances become critical.

Upon becoming a parent, they may find that children's services consider their child to be at risk.

The children's and adults' safeguarding systems have developed from different theories, come under different laws, and have different processes as a result. This can make the transition to adulthood harder for young people facing ongoing risk and mean that young people entering adulthood experience a 'cliff-edge' in terms of support.

