research
in practice

Transitional Safeguarding:

A Knowledge Briefing for Health Professionals

Authors

This briefing has been co-authored by Philip Winterbottom (RN Mental Health), Sarah Cerioli (RN Adult), Associate Professor Melanie Hayward (RN Child, SCPHN, RNT) with the support of Research in Practice.

Acknowledgements

We would like to extend a heartfelt thank you to all those who contributed to the **'Bridging The Gap Transitional Safeguarding And The Role Of Social Work With Adults. A knowledge briefing'** (Department of Health and Social Care, 2021) which this briefing is based upon. There are a number of elements of the original briefing that we have included with minimal or no alterations as this excellent work is transferable to health, these are presented as direct excerpts or referenced accordingly.

Our gratitude is also extended to Dez Holmes who has given us the opportunity to prepare and present a document for colleagues in health, and to the members of the different national safeguarding networks across health who have shown us there is both the passion and knowledge across the system to make a real difference.

Most importantly our thanks go out to all the inspirational colleagues we work with across the systems, who work tirelessly to embed the principles of Transitional Safeguarding. As we hope to illustrate in the briefing, health is already well positioned to adopt, embrace, and champion Transitional Safeguarding as it aligns with our core values, our strengths and systems.

Safeguarding is not just everyone's business; in health, it is everyday business.

"The language of safeguarding is constantly changing and there comes moments in our career as a health practitioner that we need to bear witness to the voice of lived-experience and seek a new narrative about safeguarding that does not label victims. For me, 2019 was that moment when young people were telling us that "child protection" and "Think Family" no longer fitted their journey into, through and out of trauma into recovery. For me, Transitional Safeguarding is that approach which bears witness to trauma and brings hope that recovery is possible."

– Kenny Gibson, RN, MBE, QN. Deputy Director of Safeguarding, NHS England.

Foreword

"We know that too many young people across the country face gaps in support as they make the journey into adulthood, despite the best efforts of professionals, and that each young person's experience of this journey is unique. A young person may face harm or adversity for a number of complex reasons, and their vulnerability has little to do with their 18th birthday. Transitional Safeguarding is a concept that aims to create a more fluid and effective response for young people, by proactively responding to their needs so they do not face a 'cliff-edge' in support.

In Haringey we have been working to put this concept into action, aiming to shift our approach from one that focuses on eligibility to one that focuses on human experience. Innovation is always challenging, and so the quality of collaboration between children's and adult services within the council, and across the multi-agency partnership, is key to our progress. Health partners have a particularly vital role to play in the development of Transitional Safeguarding, both locally and nationally.

The skills and expertise of health colleagues are crucial to building a life-course approach and Integrated Care Boards present an opportunity to create more effective local systems. Working collaboratively, respecting the power of communities, and promoting rights-based participative practice are core to building a more effective and coherent safeguarding system. I see first-hand how valuable health colleagues are in driving the Transitional Safeguarding agenda and am delighted this knowledge briefing has been produced to support this work."

Beverley Tarka
Director of Adults, Health and Communities
Haringey Council
ADASS President 2023-24

"Transitional Safeguarding is both an issue of complex systems transformation and simply a matter of common sense. The arguments for Transitional Safeguarding reflect what professionals across agencies – and the people we serve – have known for many years: that the current binary approach to children's and adult safeguarding does not meet the needs of all young people.

Transitional Safeguarding is not a prescribed top-down model being 'rolled out' by national government. Rather it is an emerging approach that is ever-evolving as local partners seek to innovate in ways that reflect their context and the needs of communities. It is a testament to the passion and commitment of the sector that Transitional Safeguarding has gained such traction since its inception in 2018.

It seems apt, therefore that this knowledge briefing has been developed by health professionals for health professionals – created in their own time and without external funding. A truly sector-led resource for a truly sector-led agenda.

Change happens because we make it happen. We owe our thanks to the co-authors for their role in leading such change."

Dez Holmes
Director
Research in Practice

Contents

About this briefing

This knowledge briefing draws on evidence from research and practice to describe:

- What Transitional Safeguarding is
- Why Transitional Safeguarding is needed
- How the adoption of Transitional Safeguarding across health is key to developing a truly person-centred approach to safeguarding young people into adulthood
- What you can do – as a practitioner, supervising manager, senior manager, or board member – to help implement and embed Transitional Safeguarding.

Who this briefing is for

This briefing is aimed at all health colleagues involved in safeguarding children and young adults accessing healthcare – from practitioners and people receiving support through to commissioners, strategic leaders, and others with accountability for safeguarding in health services. This briefing will also be useful for those who don't usually work with young people and/or young adults directly but who nevertheless provide care or support to their family members or carers.

Context

Although achieving a Transitional Safeguarding approach requires whole systems change involving input from all agencies, safeguarding practitioners in health have a vital and particularly important role to play.

This briefing draws on and adapts for a health audience the knowledge and expertise in **Bridging The Gap: Transitional safeguarding and the role of social work with adults. A knowledge briefing** (Department of Health and Social Care, 2021).

As with *Bridging the Gap*, this briefing is not intended to be prescriptive. Rather, it aims to inform and inspire change, while celebrating and building on the strengths within health that already support the adoption of Transitional Safeguarding.

This briefing is complementary to and should be read alongside current guidance and relevant frameworks, in particular:

- **Care and support statutory guidance** (Department for Health and Social Care, 2022a)
- **Working Together to Safeguard Children** (HM Government, 2018[1])
- **Keeping Children Safe in Education** (Department for Education, 2022[2]).

1 In June 2023, the Department for Education launched a consultation on a proposed revision of the Working Together to Safeguard Children statutory guidance. Revised guidance is scheduled for publication in autumn 2023. **https://consult.education.gov.uk/child-protection-safeguarding-division/working-together-to-safeguard-children-changes-to**

2 Department for Education (2022) Keeping children safe in education. **https://www.gov.uk/government/publications/keeping-children-safe-in-education--2**

Terminology

'adolescents', 'young people', 'young adults'

For the purpose of this briefing, the term 'young people' is used loosely to refer to people aged mid-teens to mid-20s. The term 'young adults' is used where specifically referring to young people aged 18 to mid-20s, and the term 'adolescents' is used for those aged 13 to 18. Flexibility is an important aspect of Transitional Safeguarding, which encourages a shift away from age-determined boundaries that can be overly rigid (Cocker et al., 2021; 2022).

This approach is consistent with the United Nations' broad definition of 'youth' as 'persons between the ages of 15 and 24' (United Nations, n.d.; 2007) and with the terminology in the NHS Long Term Plan (NHS England and NHS Improvement, 2019), which outlines, for example, a new approach to 'young adult mental health services' for 18–25 year olds as they 'transition to adulthood' (NHS England & NHS Improvement, 2019, p.51).

'transfer', 'transition', 'Transitional Safeguarding'

In health, it is especially important to be clear about the differences and interplay between 'transfer of care' (the precise point at which a young person's care passes from children's to an adults' service), 'transition' (the *process* of a young person moving from children's adult services) and Transitional Safeguarding. These terms and their different meanings are discussed fully in a dedicated section in the briefing.

Summary of Key Points

1. Transitional Safeguarding is not simply about safeguarding processes for young people transitioning between services or out of a service. Rather, it is concerned with the transition to adulthood itself. As such, Transitional Safeguarding refers to activity that has generally fallen outside traditional notions of both 'transitions' and 'safeguarding', which have commonly been conceptualised or interpreted in terms of thresholds and service eligibility rather than a wider sense of individual human experience and actual need.

2. The traditional binary approach to safeguarding has not served young people well. Safeguarding systems for those aged under 18 and over 18 operate to different thresholds, legislative frameworks and eligibility criteria. This can mean that many young people face a 'cliff edge' as they approach age 18 and risk being left without support during this critical life-stage. Many emergent adults face significant risks and harms without having formal care and support needs under the *Care Act 2014.*

3. Transitional Safeguarding recognises that the nature of risks and harm may change as children go through adolescence and emerge into adulthood, including greater exposure to risks outside the home, such as criminal or sexual exploitation, drug trafficking and community violence. Transitional Safeguarding recognises also that every young person experiences their transition into adulthood differently, and at different ages, according to their individual circumstances, life history, experiences and maturation.

4. Transitional Safeguarding is a potential enabler for quality in healthcare. A life free from abuse and harm is integral to health and wellbeing. And as a universal service that supports people across the life course, health services are where problems arising from exposure to risk and harm often first appear. Transitional Safeguarding supports participation and empowerment and embodies the person-centred, strengths-based approach that young people themselves say they want from health services. As such, it has a vital role to play in securing engagement of at-risk young adults who might otherwise be lost to services at a time of complex and accelerating need. And as a preventative approach, Transitional Safeguarding has the potential to avoid and/or reduce later costs through its focus on preventative and early support.

5. Transitional Safeguarding is not a set of defined activities and does not seek to dictate practice with tools, definitions of harm or methods of working. It cannot be reduced to flowcharts or care pathways, which ultimately create barriers for those who don't fit prescribed routes. Rather, it is a systemic approach and way of thinking underpinned by six key principles that can be adapted to local need. These incorporate ideas at which health practitioners are already skilled, including non-binary approaches, fluidity of thinking, and navigating differences between thresholds and/or eligibility criteria.

6. Transitional Safeguarding is an opportunity to change the culture of safeguarding adolescents and young adults within our health system, and to align safeguarding with the vision set out in the NHS Long Term Plan – of services that reflect and meet the developmental and support needs of adolescents and young adults up to age 25. But Transitional Safeguarding requires a change in thinking, not simply a change of structure or training. Health practitioners, managers and leaders must be at the forefront of that system change. In particular, the advent of Integrated Care Systems offers an opportunity to harness the wider system to embed a change of mindset and so better support young people to be safe and feel safe.

What is Transitional Safeguarding and why is it needed?

> [Transitional Safeguarding is] *an approach to safeguarding adolescents and young adults fluidly across developmental stages which builds on the best available evidence, learns from both children's and adult safeguarding practice and which prepares young people for their adult lives.*
> (Holmes & Smale, 2018, p.3)

Transitional Safeguarding is concerned with safeguarding young people as they transition from adolescence through into adulthood. It is not simply about safeguarding processes for those who are transitioning out of a service or between services, but rather is concerned with the transition to adulthood itself.

Transitional Safeguarding is not a model, a pathway, or a prescribed framework. Rather, it is a conceptual approach that has been developed by Research in Practice (Holmes & Smale, 2018) to highlight the need for a system-wide improvement in the safeguarding response to adolescents and young adults – a response that recognises the dynamic developmental needs of this age group and the nature of the safeguarding risks they may face or experience (see Box 1).

This concept draws on both **Contextual Safeguarding** and Complex Safeguarding (Firmin et al., 2019) and reflects emerging evidence that adolescence is a developmental phase that extends into the early to mid-twenties (Sawyer et al., 2018). This recognises that every young person experiences their transition and journey into adulthood differently, and at different ages, according to their individual circumstances, life experiences and maturation.

> [Transitional Safeguarding] *refers to activity that has often fallen outside of the traditional notions of both 'transitions' and 'safeguarding', where these have sometimes been interpreted through a lens of eligibility, rather than in the wider sense of human experiences and needs.*
> (Department of Health and Social Care, 2021, p.10)

Transitional Safeguarding argues that improving young people's journey to adulthood requires us to reconceptualise eligibility for services. A needs-led and personalised approach that avoids arbitrary cut-offs and age barriers to accessing support is a core tenet of Transitional Safeguarding.

Moving beyond a binary approach

> [Transitional Safeguarding] *requires practitioners, leaders and all involved in services for children and adults, to consider how they might work together and think beyond child/adult silos for the benefit of young people at a key life stage.*
>
> (Department of Health and Social Care, 2021, p.7)

Although developments in safeguarding policy and practice over recent years have included legislative change in the case of adults and innovations in the safeguarding of adolescents, safeguarding has nevertheless retained 'a distinctly binary notion of childhood and adulthood' (Holmes, 2022). Safeguarding systems for children and adults remain governed by distinct practice, policy and statutory frameworks (Department of Health and Social Care, 2021, p.9). Safeguarding duties in respect of children and young people under 18 are intended to protect all those at risk of harm (HM Government, 2018), whereas adult safeguarding focuses on people with care and support needs who are unable to protect themselves from abuse or neglect as a result of those needs (Department of Health and Social Care, 2022a).

With safeguarding too often being commonly understood only in terms of statutory duties and service eligibility – as 'a threshold to be reached' – this binary approach means safeguarding support for young people is often withdrawn as they approach age 18, creating a 'cliff edge' (Holmes & Smale, 2018, p.4). For many young adults over 18 little or no support is available through statutory services. This creates 'a gap through which young people fall' (Holmes, 2022).

> *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 approach usually used with adults [Making Safeguarding Personal]. There is a need to see the person holistically, rather than defining their needs, vulnerabilities, or strengths according to eligibility or age.*
>
> (Department of Health and Social Care, 2021, p.15)

The changing nature of risk and harm

Transitional Safeguarding requires health practitioners and managers to recognise that risk and harm do not simply stop at the point somebody turns 18, or when they leave a service – nor does the traumatic impact of harm already experienced. Transitional Safeguarding also recognises that the nature of the risks young people face during adolescence and young adulthood, and the way they experience those risks, often differs from earlier childhood or from older adulthood. For example, compared to younger children, risks may be more complex and less likely to arise within the family, occurring instead in the context of interactions with peers, partners, or adults unconnected to their families (see Box 1 below).

Box 1 Risks and harms in adolescence and young adulthood

Risks:

- often (but not always) manifest in extra-familial environments, such as schools, public spaces or online platforms.
- may be influenced by environmental factors, including peer norms and relationships.
- often feature grooming, coercion, criminality and serious risks of significant sexual and physical harm – this can create a climate of fear and inhibit young people's engagement with services.
- may be perceived or misinterpreted as 'choices' that a young person has made (or continues to make), leading to young people being held as somehow 'responsible' for the harm they face.
- can involve young people perpetrating harm, as well as experiencing it.
- are often beyond the control of parents and rarely instigated by parents (though parents can play a vital role in the safeguarding).
- can lead to multiple relocations – for example, managed-moves across schools including, and/or coming into care (perhaps for the first time).
- may continue well into young adulthood.

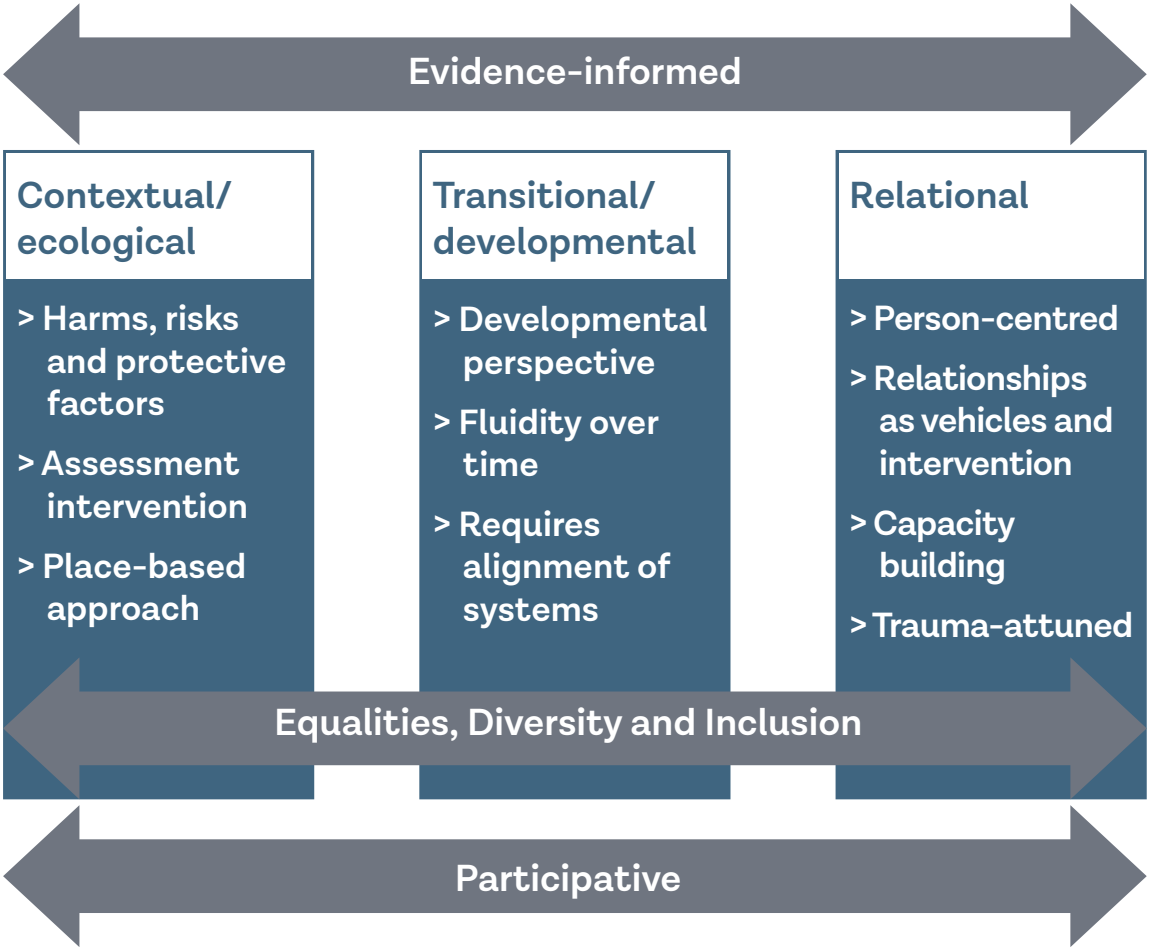
(Beckett et al., 2017; Child Safeguarding Practice Review Panel, 2021; Department for Education, 2017; Firmin, 2020; Firmin & Lloyd, 2020. 2023; Firmin et al., 2020)

Transitional Safeguarding - Key Principles

Transitional Safeguarding is not a set of defined activities. It does not seek to dictate practice through the use of prescribed tools, definitions of harm or methods of working. And its development and adoption cannot be reduced to flow-charts or care pathways, which can ultimately create barriers for those who don't fit the prescribed routes.

Rather, Transitional Safeguarding is a concept underpinned by six key and interdependent principles (Figure 1 and Box 2). These principles are non-hierarchical and reflect the arguments as to why Transitional Safeguarding is needed (Holmes, 2018; 2022). They also incorporate ideas, practices and skills that are already integral to health professionals' practice, including fluidity of thinking, navigating differences between eligibility criteria and/or thresholds, and adopting non-binary whole life-course approaches.

Figure 1: A conceptual framework for Transitional Safeguarding (adapted from Holmes, 2018)



Box 2 The key principles of Transitional Safeguarding

Practice and policy should be underpinned by three core intersecting pillars.

Practice and policy should be:

- **contextual**[3] or **ecological**[4]: This means identifying the social contexts in which young people experience harm beyond their family or home. And it means redressing harms by seeking to make those contexts safer rather than focusing only on the individual. This perspective encourages a systemic approach to assessment, intervention and outcome measurement (Firmin, 2020).
- **transitional/developmentally attuned**: This means recognising and responding to the developmental needs – and strengths – of this life stage by creating services that reflect the individualised nature of transition to adulthood. The safeguarding response is fluid and developmentally attuned, not dictated by age.
- **relational**: A developmentally attuned response requires a relational and person-centred approach that recognises the impact of trauma (Lefevre et al., 2017). Meaningful relationships are a crucial aspect of therapeutic support, and a relational approach recognises that the need for support doesn't end on a young person's 18th birthday. A relational approach is capacity-building and empowering. It supports young people to build resilience and exercise positive control in their lives. This also means using language that is inclusive and respectful, and avoiding terminology or expressions that can be victim-blaming or exclusionary (see 'Further Reading').

Three cross-cutting themes act as a guide to inform not only practice and policy, but also the way practice and policy should be designed.

- Being **evidence-informed** is an essential starting point for system change. This means drawing on knowledge from research, practice wisdom – from within the children's workforce and the adults' workforce – and the expertise of people with lived experience. The evidence on safeguarding adolescents is ever-evolving (Firmin, 2020), so this also means being committed to continuous learning and ready to adapt approaches in light of new knowledge.
- Evidence on how safety and wellbeing can be undermined by structural and/or interpersonal discrimination demands an **equalities-oriented approach**, so that systemic disadvantages are identified and robustly addressed in local systems. People's safety and experience of support can be affected by racism, ableism, ageism, sexism, classism and other prejudices (which can occur together), so an anti-oppressive stance is necessary at all times.
- Both support and the design process must be highly **participative**, empowering young people within the safeguarding process and supporting them to exercise their rights throughout. This requires a commitment to co-production across the whole system.

(Department of Health & Social Care, 2021; Holmes, 2022)

3 Contextual Safeguarding is a term coined by Professor Carlene Firmin. It is an approach to understanding and responding to children's experiences of significant harm beyond their family and home – for example, in peer relationships, online and in their community. Parents and carers may have little influence over these contexts, and young adults' exposure to extra-familial abuse can impact negatively upon support relationships.

4 According to Bronfenbrenner's ecological systems theory, people's development is influenced by the various ecosystems in which they live – from the home ecological system to the community system, and then to the more expansive systems, including society and culture. These systems interact with and influence each other in all aspects of a person's life (Bronfenbrenner, 1979).

Being clear about our terminology: Transfer of care, Transition, and Transitional Safeguarding. What's the difference?

It is important when thinking about Transitional Safeguarding to be clear in our terminology – specifically, about the differences (and interplay) between 'transfer of care', 'transition' and Transitional Safeguarding. In health, these first two terms are used extensively but sometimes understood differently. Clarity of definition is critical – not least because health professionals might otherwise assume that expertise in transition plus experience of safeguarding automatically combine to create an accurate understanding of Transitional Safeguarding.

- **Transfer of care** is when one service takes over the care of a person from another service. In its guidance on young people moving from children's to adults' health services, NICE defines 'transfer' as 'the actual point at which the responsibility for providing care and support moves from a children's to an adults' service' (**NICE, 2016**).

- **Transition** is the process of moving from children's to adults' services. As defined by NICE, it 'refers to the full process, including initial planning, the actual transfer between services, and support throughout' (**NICE, 2016**) involving the young person throughout this process.

As the definition (Holmes & Smale, 2018) highlights, Transitional Safeguarding is more than simply good transition planning for people moving from children's to adults' services. It refers to activity that has often fallen 'outside' of traditional notions of both transitions and safeguarding, which have often been interpreted in the context of eligibility for a service rather than actual need (Department of Health and Social Care, 2021, p.10).

The young people who health colleagues support through transition or transfer will include those who may require a Transitional Safeguarding response. It is important that practitioners understand the difference between simply safeguarding against recognised health risks during transition or transfer and a personalised multi-agency safeguarding response to a young person's needs including, where relevant, the risk of extrafamilial and/or intrafamilial harm. That said, there are connections between transfer, transition, and Transitional Safeguarding. Poorly planned transfer and transition can exacerbate safeguarding risks, and risks to a person's safety can make a smooth transfer and/or transition much harder to achieve.

For example, Singh et al, (2010) found that transitions between child and adolescent mental health services and adult mental health services are commonly 'poorly planned, poorly executed and poorly experienced'. (Only one transition in 20 was 'optimal'.) Similar evidence of poor transitions is emerging in Safeguarding Adult Reviews (SARs): a number of such SARs can be found on the **Transitional Safeguarding in Health Padlet**, a repository for a range of Transitional Safeguarding best-practice and related resources.

When a young person has a poor experience of 'transition', not only does it mean that risks and harms may go unaddressed – but that young person's trust in professionals may be depleted, making disengagement from services more likely and potentially impacting their future health. It is imperative that each young person is involved in their transition planning and that a multi-agency safeguarding response to recognised risks understands that young person's specific needs. It is particularly important to ensure that trauma-informed support is available and offered in a way that affords the young person (and those who care about them) a sense of choice and control. This is vital in the delivery of therapeutic care to young people who have been controlled by others or experienced a loss of autonomy.

Table 1 Definitions: Transfer, Transition, Transitional Safeguarding

	Transition	Transfer	Transitional Safeguarding
What it is	'The process of moving from children's to adults' services. It refers to the full process including initial planning, the actual transfer between services, and support throughout.' (NICE, 2016, p.35)	'The actual point at which the responsibility for providing care and support to a person moves from a children's to an adults' provider.' (NICE, 2016, p.35)	Safeguarding young people (mid-teens to mid-twenties) fluidly across developmental stages, providing an evidence-informed approach and involving the young person and those who care about them.
What it isn't	> A simple transfer of care from one service to another > Transitional safeguarding	> Planned transition > Transitional Safeguarding	> Transition > Transfer of care

Why Transitional Safeguarding is important from a health perspective

Health has a major and pivotal role to play in Transitional Safeguarding. A life free from harm and abuse is integral to health and wellbeing and many of the harms and risks that young people experience are likely to result in direct contact with health services. As a universal service providing care and support across the life course, it is also imperative that health services seek to overcome the challenges created by the binary approach to safeguarding under-18s and over-18s. A narrow or procedural approach that fails to acknowledge or meet young adults' complex and changing needs runs the risk of their disengaging with services, with potentially serious consequences for their future health.

A Transitional Safeguarding approach will help to ensure a trauma-informed and more fluid response, which will help to secure engagement with health services. Moreover, Transitional Safeguarding aligns with what young people want from health services, supports participation and empowerment, and may help save costs to public services further down the line.

Safeguarding effectively is integral to high-quality healthcare

As stated above, many of the risks and harms that adolescents and young adults face or experience are likely to result in direct contact with health services – either as a result of the risk itself or as a consequence of secondary harm, such as the use of drugs and/or alcohol, emotional and mental health difficulties, or sexual health concerns, for example.

Safeguarding is both a fundamental human right and a collective responsibility. As NHS England's safeguarding policy makes explicit, safeguarding is about 'protecting a citizen's health, wellbeing and human rights' (NHS England, n.d.). Safeguarding means enabling each individual to live a life that is 'free from harm, abuse and neglect'. As such, it is 'an integral part of providing high-quality health care'.

However, achieving effective safeguarding for adolescents and young adults has been compromised by the binary approach commonly taken to those aged under and over 18. Two different systems have evolved over time, each governed by distinct practice, policy and statutory frameworks (Cocker et al., 2021). In health, that binary mindset may have been inadvertently reinforced by having Designated and Named safeguarding professionals who work exclusively with children or adults – albeit that specialist roles are necessary in both age groups. Recently, there has been an increase in recruitment to Named, Designated and specialist safeguarding posts who represent both children and adults; some examples of health innovation around such roles are on the **Transitional Safeguarding Padlet**. The development of specialist posts representing both children and young adults is discussed later in the briefing.

Transitional Safeguarding challenges us – as individual health practitioners and system leaders – to reflect on our practices and our thinking, and ultimately to change the culture of how we safeguard young people during this transitional life stage. This includes drawing on the best of current safeguarding approaches for children and adults and blending the two to create a more coherent and fluid system response.

There is much to value in each of these two safeguarding systems. For example, the focus on trauma that informs the approach to safeguarding children could be amplified to how young adults' needs are understood. Similarly, the empowerment principle of safeguarding adults (SCIE, 2022) as set out in the *Care Act 2014* could be emphasised more proactively in the way young people under 18 are supported to be safe.

Working with young people and supporting engagement with services

Young people entering adulthood can fall out of contact with health services or disengage for a number of reasons, including a perception that services are not sufficiently flexible or responsive to their needs. By supporting practitioners and managers to understand adolescents' and young adults' cognitive and social development and lived experience – in particular, how trauma affects decision-making – a Transitional Safeguarding approach can help professionals to work alongside each young person to support their decisions and their understanding of risk in a way that balances their rights and need for protection. This empowerment principle (SCIE, 2022) is particularly important for young people who have experienced coercion and feelings of powerlessness (Department of Health and Social Care, 2021; Preble, 2019).

The *Mental Capacity Act (MCA) 2005* is applicable from age 16. It is essential that we empower young people in their decision-making and ensure health practitioners are skilled and competent in applying this piece of legislation. Preparing parents and carers to understand the legislative framework around young people's decision-making is also important here. Empowerment is one of the six principles of Making Safeguarding Personal, enshrined in the *Care Act 2014*. The MCA 2005 also chimes with the principle of participation within children's safeguarding legislation (*Children Act 1989)* which emphasises the importance of understanding the wishes and needs of children and ensuring that they are involved in the process and supported to do so.

It is imperative in the context of safeguarding that health professionals consider potential coercion and control and the impact this may have upon young people's decision-making and engagement with services. It is equally important to avoid assuming a young person lacks capacity as it is to avoid assuming a young person is simply making a decision that others consider unwise. Professional curiosity and legal literacy are key to safeguarding, and health colleagues are a vital source of knowledge and expertise in this regard.

Box 3 How embedding a Transitional Safeguarding approach can benefit the health system

- Transitional Safeguarding's emphasis on risk reduction and early intervention can enhance young people's experiences of services. A Transitional Safeguarding approach helps to foster personal strengths, enhance emerging competences, and ensure greater understanding of young people's needs.

- A trauma-informed culture promotes understanding of young people's lived experience and how this can affect engagement with services. Helping colleagues understand the reasons behind non-attendance can improve young people's engagement with professionals and reduce non-attendance.

- Supporting colleagues to understand the developmental needs and specific safeguarding risks of this age group will improve safeguarding responses – for example, within A&E where multiple attendances are common.

- Addressing the current safeguarding gap in health as young people approach adulthood will also help to reduce unmet need and may avoid some of the associated later costs to services, many of which fall to the health system.

- Transitional Safeguarding encourages collaborative inter-disciplinary and inter-agency working and embodies systems leadership: all are central to the continuous improvement of the health system, in particular the successful embedding of integration.

- Integrated Care Systems and their associated Boards are an opportunity for place-based holistic approaches. Transitional Safeguarding is a key example of such an approach, and its adoption would support the safeguarding responsibilities for all ages (as described in **guidance for executive lead roles within integrated care boards** – NHS England, 2023).

Much of what Transitional Safeguarding argues for also aligns with what young people themselves say they want from health services and professionals (see Box 4 on following page).

Box 4 What young people say they want from health services and health professionals

Research over many years has highlighted what adolescents and young adults say they want from health services and health professionals. Young people want services and practitioners that are:

- familiar and accessible – services provide stable and meaningful relationships built on trust and regular contact with the same people and include good transition planning.
- accepting – practitioners don't make assumptions, they recognise diversity and uniqueness, and they treat every young person with respect ('every contact counts').
- informed and knowledgeable about young people's health, wellbeing and welfare needs.
- effective communicators – practitioners speak in developmentally appropriate and straightforward language, and persevere if they don't immediately get the response they want or expect.
- willing to use a variety of means to provide information, including digital technology and social networking.
- understanding of individual lived experience and able to provide trauma-informed practice.
- personal – practitioners listen and understand what is happening, they believe in what the young person is saying, and act on it.
- encouraging of young people's participation in their own care, supporting them to ask questions and empowering them to make choices and help themselves.
- ready to act as advocate and protector.
- committed to prioritising and ensuring privacy and confidentiality.
- compassionate, honest and demonstrate integrity.

(HM Government, 2018; Office for Health Improvement and Disparities, 2023; Robinson, 2010)

The economic case – prevention and early intervention

> *Safety and wellbeing needs intersect in complex ways across the life course. A young person experiencing exploitation can often experience poor mental health or develop health-harming behaviours, as a result. Family breakdown can be a driver for homelessness, which in turn can increase vulnerability to exploitation. People may become dependent on drugs as a means of dealing with the trauma of exploitation and in turn substance dependency can be a driver for exploitation, for example through drug debt bondage. The interconnected nature of harms requires an integrated system of support, this benefits the young person and can also contribute to more effective use of resource.*
>
> (Department of Health and Social Care, 2021, p.18)

An economic argument can also be made for Transitional Safeguarding. Emerging evidence suggests that meeting the needs of adolescents and young adults more effectively may help to avoid costly later interventions, including within acute health services, specialist drug and alcohol treatment services, and the criminal justice system (Holmes, 2022, p.13; Holmes & Smith, 2022, p.9; House of Commons Committee of Public Accounts, 2018).

To draw on just one example: it is estimated that three in four mental health problems start before age 24 (Kessler et al., 2005) and the approximate annual costs of mental health problems to the UK economy is £117.9bn (McDaid et al., 2022). The *Care Act 2014* 'prevention principle' (SCIE, 2022) – we should always aim to 'prevent, reduce, or delay' care and support needs – is key here. Given the significant expertise in understanding earlier intervention, and our combined capacity for cost and outcome analysis, health colleagues are well placed to promote a more preventative and interconnected approach to young people facing, or trying to recover from, harm.

Transitional Safeguarding: What can health colleagues do to foster system change?

Health as a system is uniquely well placed to take forward the Transitional Safeguarding agenda. Health is both a commissioner and a provider of services, and the advent of Integrated Care Systems (see below) is an opportunity to harness the wider system to embed a change of thinking and better support adolescents and young adults to be safe and feel safe.

Breaking down the barriers under the current binary approach of two divergent safeguarding systems aligns also with NHS England's transformational plans to be more proactive in its services and offer more person-centred support (Department of Health and Social Care, 2022b). The focus on prevention and early intervention can be the catalyst for a change of mindset in how we support young people – how to get the right support to them, while involving and empowering them and simultaneously reducing risk.

Safeguarding concerns are often first identified in health as adolescents and young adults access health services at times of need, including mental health services, A&E, school nurses, sexual health clinics, drug and alcohol services, among others. All are well placed to identify safeguarding concerns early and to facilitate a preventative and hopefully empowering intervention.

Health is both interagency and interprofessional, multiagency and multi-professional: who better than skilled health colleagues, who already think systemically and collaboratively, to drive forward a change of mindset? Health colleagues are also well positioned to consider and embrace equalities, diversity and inclusion, as our work is underpinned by an understanding of social determinants and the interpretation and application of data and how this influences outcomes.

Health as an agent of system change

- **Safeguarding Adults Boards/Safeguarding Children Partnerships:** Health is a statutory partner in both Safeguarding Adults Boards (SABs) and Safeguarding Children Partnerships (SCPs) who both provide valuable strategic leadership and oversight for Transitional Safeguarding activity.
  - Health partners can role model joint working and influence SCPs and SABs to work closely with each other, enabling a more fluid safeguarding response – this could include advocating for joint Child Safeguarding Practice Reviews and Safeguarding Adult Reviews where Transitional Safeguarding is identified.
  - Health partners on SABs and SCPs are well placed to identify needs and service gaps for young people facing risks and harm.
- **Rights-based, person-centred care:** Health colleagues can learn from (and work with) social work colleagues. In particular, rights-based and person-centred practice is at the heart of Making Safeguarding Personal (MSP), a holistic life-course perspective for adult social care that aligns with the tenets of quality care within health. MSP is a strengths-based approach in which a person is understood to have rights to live their life, which need to be balanced with their need for and right to safety. MSP 'emphasises the importance of empowerment and partnership working alongside principles of accountability and protection' (Department of Health and Social Care, 2021, p.23). It has been argued that MSP could be adapted for those aged under 18 (Cocker et al., 2021); health colleagues can be valuable advocates for this.

- **A holistic, whole-life perspective:** Health partners who commission services that provide care to people across the life course are well placed to articulate the importance of thinking about safeguarding beyond service eligibility and can act as advocates within the systems where Transitional Safeguarding responses are required. Health colleagues, like their social work counterparts, need to understand the **continuing impact of early life adversity and harms** on adults of all ages, including as young people enter adulthood. It is striking that the section in Box 5, which is adapted from Bridging the Gap (Department of Health and Social Care, 2021, pp.24–25) and is aimed at practitioners and first line managers in social work, can equally apply to health.

Box 5 Supporting system change: a whole-life holistic approach

Health practitioners and first line managers can enable and promote Transitional Safeguarding and develop their own direct practice by:

- developing knowledge and understanding of local Transitional Safeguarding issues and needs amongst the local population – e.g., through creating opportunities for dialogue and mutual learning within and across health services.
- drawing on the complementary expertise of social workers (particularly adults and mental health social workers) in relation to promoting self-determination and human rights-based practice so that young people are supported in a way that empowers them to pursue their right to be safe and seek ongoing help and support in adulthood.
- developing their legal literacy, knowledge and skills in enabling young people to make decisions in relation to their lives and supporting other health professionals to understand the requirements and implications of the *Mental Capacity Act 2005 and Human Rights Act 1998.*
- drawing on the complementary expertise of child and family services colleagues to build understanding of the impact of childhood adversity, develop integration of a 'think family' approach to safeguarding within health, and to co-develop trauma-informed approaches.
- identifying young adults who may need support to be safe – including those who might not be formally defined as having care and support needs - as they move into adulthood, and using the *Care Act 2014* prevention principle to escalate concerns and engage support in order to prevent, reduce or delay needs arising.
- promoting a personalised, strengths-based approach – not only in direct practice but also by role-modelling the Transitional Safeguarding approach to other colleagues within local systems and utilising the Transitional Safeguarding principles in multi-agency interactions.
- seeking to influence the wider system – in particular, by ensuring that senior managers understand the barriers and enablers to person-centred, strengths-based practice with young people, and by providing constructive challenge.

(adapted from Bridging the Gap, Department of Health and Social Care, 2021, pp.24–25)

Integrated Care Systems and Transitional Safeguarding

Integrated Care Systems (ICSs) have a great deal to contribute to the Transitional Safeguarding agenda. In particular, ICSs are uniquely well placed to:

- Ensure **robust local needs analysis** so that young adults' needs are understood and can be incorporated into service planning and reflected in commissioning services into adulthood, as identified in the NHS Long Term Plan (NHS England and NHS Improvement, 2019).

- Build **flexibility into commissioning frameworks** so that key services, such as those focused on substance misuse, trauma, and mental health, are able to span the transition to adulthood and allow young people to have a better patient experience and improve outcomes.

- Create opportunities and set expectations for local service provision and pathways to be **co-produced with young adults**, their families and communities.

- Explore **joint commissioning approaches**, so that adults' and children's services are maximising the impact of investment across the local system.

- Ensure **commissioned services are afforded appropriate flexibility** to support people across this stage of development; capturing – and/or enabling services to capture - impact and cost data in order to inform future investment and innovation.

- Incorporate **co-production principles within commissioning** approaches, so that 'designing with' becomes the norm.

- Pay close attention to how issues of **equality, diversity and inclusion** are addressed, or possibly exacerbated, within the commissioning process and within commissioned services.

- **Draw on learning from other local areas** that are seeking to develop and embed Transitional Safeguarding.

- Ensure that **prevention is a key principle** when commissioning provision for young adults – thereby developing solutions that prevent, reduce or delay the need for formal care and support.

How you can contribute to making Transitional Safeguarding a reality

> *Fundamentally, it remains the responsibility of every NHS-funded organisation, and each individual healthcare professional working in the NHS, to ensure that the principles and duties of safeguarding children and adults are holistically, consistently and conscientiously applied; the well-being of those children and adults is at the heart of what we do.*
> (NHS England, 2022b, p.7)

Safeguarding is a core duty of all organisations across the health system. NHS England (2022) points out the difference between providers' responsibilities to provide safe and high-quality care, and commissioners' responsibilities to assure themselves of the safety and effectiveness of the services they have commissioned. Safeguarding should be a golden thread of patient safety that runs through all services. So, it is important that transition (as defined by NICE, 2016) incorporates Transitional Safeguarding and that health colleagues supporting Transitional Safeguarding actively seek out opportunities to embed it into transition.

A wide range of health practitioners have a critical role to play in safeguarding and promoting the welfare of young people, including GPs, primary care practitioners, paediatricians, nurses, health visitors, midwives, school nurses, allied health practitioners, and those working in maternity, child and adolescent mental health, adult mental health, sexual health, alcohol and drugs services, unscheduled and emergency care settings, highly specialised services, secondary and tertiary care.

There are several levers for securing effective safeguarding in health – from statutory guidance to the **Safeguarding Accountability and Assurance Framework** (NHS England, 2022b), the **Intercollegiate Document for Safeguarding Adults** (Royal College of Nursing, 2018) **Intercollegiate Document for Safeguarding Children** (Royal College of Nursing, 2019) and **Looked After Children: Roles and competencies of healthcare staff** (RCN & RCPCH, 2020) to the **NHS Standard Contract** (NHS England, 2022a). All can be used to set expectations or promote Transitional Safeguarding.

Transitional Safeguarding requires a change in thinking, not simply a change of structure or additional training. Some health colleagues may need reassurance, as system change can sound difficult – especially in the context of current work pressures. But it is important to emphasise that Transitional Safeguarding is emergent: no agency or individual is expected to 'roll out' all changes immediately nor address such complex system issues alone. What is important, however, is that health sees itself as a key player in and contributor to this agenda, and that health colleagues are supported to be curious and ambitious for change.

'Bridging the Gap' (Department of Health and Social Care, 2021, pp.28–34) explored what colleagues in adult social work and safeguarding adults roles can do. Here, we follow a similar approach for health colleagues.

What safeguarding practitioners in health services can do

- **Flagging risk:** Consider how you use 'risk flags' once a young person reaches age 18 as risk and harm do not stop at 18.
- **Language:** Challenge negative language or narratives about young people, including in meetings or reports. Language should be inclusive and respectful; any use of terms that could be victim-blaming (e.g., 'risk taking', 'choice') or exclusionary should be challenged (see 'Further Reading').
- **Involve and empower:** Having a developmentally and trauma-informed understanding of each individual can enable health colleagues not only to support and advocate for young people in their care but also to empower and involve them in the safeguarding process.
- **Embrace professional challenge:** Practise and encourage professional challenge and escalation regarding safeguarding decision-making when concerned about safeguarding processes around a young person. Effective local challenge and escalation procedures should be welcomed in the interest of those we support and seen as symptomatic of a healthy working culture.
- **Promote system change:** Champion the needs of young adults. Whenever you see gaps in service provision or workforce skills, raise your concerns in supervision and/or directly with managers, workforce development leads and other system leaders. By highlighting your concerns, you are contributing to system change and improvement.
- **Reflective practice:** Use the Transitional Safeguarding key principles as a framework for reflecting on your practice with young people. Use the support of peers and/or supervisors to explore how your practice demonstrates those principles.
- **Reflective learning:** Organise a reflective learning session with colleagues around the Transitional Safeguarding key principles and other supporting resources (e.g., regulatory professional standards). Use the session to inform your individual or collective/team development plans and priorities.
- **Knowledge sharing:** Write a reflective or exploratory piece about your professional experience and understanding of Transitional Safeguarding – perhaps for an organisational or professional publication, or just for discussion with colleagues. Consider asking colleagues to share their thoughts on your piece to promote understanding and knowledge sharing.
- **Promote interdisciplinary working**: Invite interdisciplinary colleagues – e.g., from children's services, health, community and voluntary sector, police and lived-experience organisations – to discuss the key principles and local priorities for action. Consider seeking management or supervisory support for doing this.
- **Practise peer support:** Practise and promote mutual support for the emotional and other impacts of working with young people facing risks and harms.
- **Workforce development:** Ask local workforce development leads to incorporate Transitional Safeguarding, including the key principles, into local training and development plans.
- Most of the learning and personal development listed above can be added to your CPD portfolio for the regulator. It can also be used to inform your organisational annual review and development plan.

What supervising managers and practitioners can do

- **Workforce development:** Make sure that you acknowledge practitioners' learning needs or any gaps in knowledge. Support practitioners to address these by drawing on the expertise of multi-agency colleagues, particularly those experienced in working with adolescents and/or young adults.
- **Supervision:** Provide reflective trauma-informed supervision, so that practitioners can recognise and process the emotional impact of working in this complex field.
- **Ethics and values:** Support practitioners to see how Transitional Safeguarding resonates with their professional ethics and sense of moral purpose, as well as professional standards and associated guidance and your organisation's values and strategic objectives.
- **Discuss the key principles:** Encourage and create time and space for practitioner and/or team discussions about the Transitional Safeguarding key principles – in particular, how they can be embedded in practice and learning within your organisation.
- **System change**: Support practitioners to raise awareness, speak out and identify gaps and areas for improvement within and between organisations in the local system. Identify routes for getting this information to commissioners and senior leaders – and make sure that it does.
- **Workforce development:** Organise or enable learning events for staff and other managers and leaders that include the voices of lived experience. Support the co-production of solutions from people who have needed Transitional Safeguarding support.
- **Evidencing need for investment**: Capture evidence of need for, and impact of, Transitional Safeguarding to inform the case for investment, supporting the health system can develop its approach to Transitional Safeguarding.

What health services leaders can do

- **Role-model the key principles**: Deliberately and publicly role-model your commitment to the Transitional Safeguarding key principles. Help all health colleagues and organisational partners to see these as underpinning an effective approach to safeguarding in the broadest sense.
- **Challenge binary thinking**: Actively seek out opportunities to challenge siloed working and binary thinking. Highlight the importance of boundary-spanning leadership in enabling system change.
- **Prioritise young adults**: Ensure transition to adulthood is a priority, helping peers (within health and across multi-agency partners) to see their role in making the vision a reality.
- **Tackle structural barriers:** Actively seek to identify and tackle any inconsistencies between teams, services and organisations where different structures or criteria may be impeding a coherent life-course approach to safeguarding.

Dedicated Transitional Safeguarding roles

Having dedicated Transitional Safeguarding roles is not a prerequisite for committing to Transitional Safeguarding. Transitional Safeguarding should be part of core, everyday business in both safeguarding children and safeguarding adult teams. Transitional Safeguarding should also be included in the portfolios, workstreams and remits of all safeguarding colleagues.

The creation of dedicated Transitional Safeguarding roles does, however, create new opportunities for accelerating change. For these roles to be truly transitional in their design and application, the role and its remit should be co-produced and built upon the wishes of the young people it is intended to serve.

Importantly, a dedicated Transitional Safeguarding post would be in addition to (and would not replace) specialist adults and children's safeguarding professionals – and would be akin to dedicated/specialist Looked After Children safeguarding roles.

- In health, the development of 'transition' teams and specialist transition roles within both acute and community settings means there is already a wealth of 'transition' experience across both children's and adults' services. These specialists work with the same age range as those supported by Transitional Safeguarding. A dedicated Transitional Safeguarding post could support this already specialised area of healthcare by providing an expert safeguarding perspective.
- Applying specialised Transitional Safeguarding roles in health at provider, commissioner and strategic level will help to give parity to Transitional Safeguarding as a specialism in its own right.

Conclusion

> *Creative, collaborative and sometimes courageous thinking is what makes the difference.*
> (Department of Health and Social Care, 2021, p.26)

A number of dedicated specialist Transitional Safeguarding roles have already been developed both in the NHS and independent mental health providers. These roles should not be seen as ground-breaking, but rather as the natural progression of commissioners and providers recognising the needs of the populations they serve. There has been a significant shift towards employing Named and Designated professionals who have responsibilities for safeguarding both children and adults. These roles should signal a change in the health safeguarding landscape from polarised structures and expertise to a new generation of practitioners who live and breathe 'think family' (Department for Children, Schools and Families, 2009). These practitioners are ideally placed to identify, understand and apply the Transitional Safeguarding approach and to drive forward change as system leaders. If supported by specialist Transitional Safeguarding roles, they can fill the safeguarding gap with a boundary-spanning approach.

Practitioners will still need to 'mind the gap', but by increasing the confidence and competence of those working either side – and by having specialists as a bridge between the two – hopefully, health can support a safer journey for those young people who need it most.

Further reading

Transitional Safeguarding

- **Transitional Safeguarding – adolescence to adulthood.** (Holmes & Smale, Research in Practice, 2018). This briefing for strategic managers introduces the concept of, and outlines the case for, Transitional Safeguarding.
- **Bridging the Gap: Transitional Safeguarding and the role of social work with adults. A knowledge briefing.** (Department of Health and Social Care, 2021)
- **Transitional Safeguarding and the justice system.** An academic insights paper published by HMI Probation (Holmes & Smith, 2022)

Making Safeguarding Personal

- Making Safeguarding Personal Toolkit (2019) produced by the Local Government Association and Association of Directors of Adult Social Services: **www.local.gov.uk/msp-toolkit**
- Myths and Realities about Making Safeguarding Personal, produced by the Local Government Association and Association of Directors of Adult Social Services: **www.local.gov.uk/myths-and-realities-about-making-safeguarding-personal**

Contextual Safeguarding

- The Contextual Safeguarding website provides an overview of the Contextual Safeguarding research programme, including its current suite of projects, and key publications: **https://contextualsafeguarding.org.uk/**
- **Safeguarding during adolescence – the relationship between Contextual Safeguarding, Complex Safeguarding and Transitional Safeguarding** (Firmin et al., 2019). This briefing explains how Transitional, Contextual and Complex Safeguarding relate to each other.

Language

- **Language matters: Changing the way professionals discuss and record their work with exploitation.** This language guide from Solihull Safeguarding Adults Board and Local Children's Safeguarding Partnership is designed to help professionals discuss and record their work with exploitation in a person-centred way.
- **Appropriate language in relation to child exploitation** (The Children's Society, updated 2022) – guidance for professionals on the appropriate use of language when discussing children and young people and their experience of exploitation in a range of contexts.

References

Beckett, H., Holmes, D., Walker, J. (2017) Child sexual exploitation: Definition and guide for professionals. University of Bedfordshire and Research in Practice.
www.researchinpractice.org.uk/children/publications/2017/february/child-sexual-exploitation-practice-tool-2017/

Bronfenbrenner, U. (1979). The ecology of human development. Harvard University Press.

Care Act 2014, c.23.
www.legislation.gov.uk/ukpga/2014/23/contents/

Centre for Mental Health. (2010). The economic and social costs of mental health problems in 2009/10.
www.centreformentalhealth.org.uk/publications/economic-and-social-costs-mental-health-problems-200910

Child Safeguarding Practice Review Panel. (2021). Annual Report 2020: Patterns in practice, key messages and 2021 work programme.
assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984767/The_Child_Safeguarding_Annual_Report_2020.pdf

Children Act 2004, c. 31.
www.legislation.gov.uk/ukpga/2004/31/contents

Cocker, C., Cooper, A., & Holmes, D. (2022). Transitional Safeguarding: Transforming how adolescents and young adults are safeguarded. British Journal of Social Work, 52(3), 1287–1306.
https://doi.org/10.1093/bjsw/bcaa238

Cocker, C., Cooper, A., Holmes, D., & Bateman, F. (2021). Transitional Safeguarding: Presenting the case for developing Making Safeguarding Personal for young people in England. The Journal of Adult Protection, 23(3), 144–157.
https://doi.org/10.1108/JAP-09-2020-0043.

Cooper, A. (2019). 'Myths and realities' about Making Safeguarding Personal. Local Government Association and ADASS.
www.local.gov.uk/publications/myths-and-realities-about-making-safeguarding-personal

Department for Children, Schools and Families. (2009). Think Family toolkit: Improving support for families at risk.
http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/Think-Family.pdf

Department for Education. (2017). Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation.
www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners

Department for Education (2022) Keeping children safe in education.
www.gov.uk/government/publications/keeping-children-safe-in-education--2

Department of Health, & Department for Education. (2017). Transforming children and young people's mental health provision: A green paper.
www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

Department of Health and Social Care. (2021). Bridging the gap: Transitional safeguarding and the role of social work with adults.
www.gov.uk/government/publications/bridging-the-gap-transitional-safeguarding-and-the-role-of-social-work-with-adults

Department of Health and Social Care. (2022a). Care and support statutory guidance.
www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

Department of Health and Social Care. (2022b). Guidance on the preparation of integrated care strategies.
www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies

Firmin, C. (2020). Contextual safeguarding and child protection: Rewriting the rules. Routledge.

Firmin, C., Horan, J., Holmes, D., & Hopper, G. (2019). Safeguarding during adolescence – the relationship between Contextual Safeguarding, Complex Safeguarding and Transitional Safeguarding. Research in Practice, University of Bedfordshire, Rochdale Borough Council and Contextual Safeguarding Network. Available at:
www.researchinpractice.org.uk/children/publications/2019/january/safeguarding-during-adolescence-the-relationship-between-contextual-safeguarding-complex-safeguarding-and-transitional-safeguarding-2019

Firmin, C., & Lloyd, J. (2020). Contextual Safeguarding: A 2020 update on the operational, strategic and conceptual framework. Contextual Safeguarding Network, University of Bedfordshire.
www.contextualsafeguarding.org.uk/media/lkmbb2m2/cs-briefing-2020-final.pdf

Firmin, C., & Lloyd, J. (Eds.). (2023). Contextual Safeguarding: The next chapter. Policy Press.

Firmin, C., Wroe, L., & Skidmore, P. (2020). A sigh of relief: A summary of the phase one results from the Securing Safety study. Contextual Safeguarding Network, University of Bedfordshire.
www.contextualsafeguarding.org.uk/media/p0jht2b3/a-sigh-of-relief-a-summary-of-the-phase-one-results.pdf

HM Government. (2018). Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children.
www.gov.uk/government/publications/working-together-to-safeguard-children--2

Holmes, D. (2018). Working with adolescent risk and resilience: A relational approach [Presentation slides]. Research in Practice.
www.researchinpractice.org.uk/children/content-pages/slides/working-with-adolescent-risk-and-resilience-a-relational-approach

Holmes, D. (2022). Transitional Safeguarding: The case for change. Practice, 34(1), 7–23.
https://doi.org/10.1080/09503153.2021.1956449

Holmes, D., & Smale, E. (2018). Mind the Gap: Transitional safeguarding – adolescence to adulthood. Research in Practice.
www.researchinpractice.org.uk/all/publications/2018/august/transitional-safeguarding-adolescence-to-adulthood-strategic-briefing-2018

Holmes, D., & Smith, L. (2022). Transitional Safeguarding. HM Inspectorate of Probation.
www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2022/03/Academic-Insights-Holmes-and-Smith-RM.pdf

House of Commons Committee of Public Accounts. (2018). Financial sustainability of police forces in England and Wales.
https://publications.parliament.uk/pa/cm201719/cmselect/cmpubacc/1513/1513.pdf

House of Commons Justice Committee. (2016). The treatment of young adults in the criminal justice system. House of Commons.
https://publications.parliament.uk/pa/cm201617/cmselect/cmjust/169/169.pdf

Human Rights Act 1998, c. 42.
www.legislation.gov.uk/ukpga/1998/42/contents

Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey replication. Archives of General Psychiatry, 62(6), 593–602.
https://doi.org/10.1001/archpsyc.62.6.593

Lefevre, M., Hickle, K., Luckock, B., & Ruch, G. (2017). Building trust with children and young people at risk of child sexual exploitation: The professional challenge. British Journal of Social Work, 47(8), 2456–2473.
https://doi.org/10.1093/bjsw/bcw181

Local Government Association. (2019). Making Safeguarding Personal toolkit.
www.local.gov.uk/msp-toolkit

Mental Capacity Act 2005 .c.9.
www.legislation.gov.uk/ukpga/2005/9/contents

McDaid, D., & Park, A-L., with Davidson, G., John, A., Knifton, L., McDaid, S., Morton, A., Thorpe, L., & Wilson, N. (2022). The economic case for investing in the prevention of mental health conditions in the UK. Mental Health Foundation and London School of Economics and Political Science.
www.mentalhealth.org.uk/explore-mental-health/publications/mental-health-problems-cost-uk-economy-least-ps118-billion-year-new-research

NHS England. (n.d.). About NHS England safeguarding.
www.england.nhs.uk/safeguarding/about/

NHS England. (2022a). NHS standard contract.
www.england.nhs.uk/nhs-standard-contract/

NHS England. (2022b). Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework.
www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/

NHS England. (2023). Executive lead roles within integrated care boards.
www.england.nhs.uk/long-read/executive-lead-roles-within-integrated-care-boards/

NHS England and NHS Improvement. (2019). The NHS Long Term Plan.
www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

NICE. (2016). Transition from children's to adults' services for young people using health or social care services [NICE guideline NG43]. National Institute for Health and Care Excellence.
www.nice.org.uk/guidance/ng43

Office for Health Improvement and Disparities. (2023). 'You're welcome': Establishing youth-friendly health and care services.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf

Preble, K. M. (2019). Under their 'control': Perceptions of traffickers' power and coercion among international female trafficking survivors during exploitation. Victims & Offenders, 14(2), 199–221.
https://doi.org/10.1080/15564886.2019.1567637

Robinson, S. (2010). Children and young people's views of health professionals in England. Journal of Child Health Care, 14(4), 310–326.
https://doi.org/10.1177/1367493510381772.

Royal College of Nursing. (2018). Adult safeguarding: Roles and competencies for health care staff. Available at:

www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069

Royal College of Nursing. (2019). Safeguarding children and young people: Roles and competencies for healthcare staff. Intercollegiate document (4th ed.). Available at:

www.rcn.org.uk/Professional-Development/publications/pub-007366

Royal College of Nursing, and Royal College of Paediatrics and Child Health. (2020). Looked after children: Roles and competencies of healthcare staff. Available at:

www.rcn.org.uk/Professional-Development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-009486

Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2018). The age of adolescence. Lancet Child & Adolescent Health, 2(3), 223–228.

https://doi.org/10.1016/S2352-4642(18)30022-1

SCIE. (2022). What are the six principles of safeguarding? Social Care Institute for Excellence.

www.scie.org.uk/safeguarding/adults/introduction/six-principles

Singh, S. P., Paul, M., Ford, T., Kramer, T., Weaver, T., McLaren, S., Hovish, K., Islam, Z., Belling, R., & White, S. (2010). Process, outcome and experience of transition from child to adult mental healthcare: Multiperspective study. British Journal of Psychiatry, 197(4), 305–312.
https://doi.org/10.1192/bjp.bp.109.075135

Solihull Local Safeguarding Children Partnership, & Solihull Safeguarding Adults Board. Language matters: Changing the way professionals discuss and record their work with exploitation.

https://westmidlands.procedures.org.uk/assets/clients/6/Language%20%20Matters%20Doc%20v2(1)%20(1).pdf

The Children's Society. (2022). Appropriate language in relation to child exploitation.

www.childrenssociety.org.uk/information/professionals/resources/child-exploitation-language-guide

Thomas, S. (2018). Wiltshire Family and Children's Transformation (FACT) Partnership Transitional Safeguarding project. Wiltshire Council.

United Nations. (n.d.). Youth.
www.un.org/en/global-issues/youth

United Nations. (2007). Young people's transition to adulthood: Progress and challenges. World youth report.
https://social.desa.un.org/publications/world-youth-report-2007

Research in Practice
The Granary Dartington Hall
Totnes Devon TQ9 6EE
tel 01803 869753
email ask@researchinpractice.org.uk

www.researchinpractice.org.uk

Authors:
Philip Winterbottom,
Sarah Cerioli and
Melanie Hayward

Research in Practice is a programme of
The Dartington Hall Trust which is a company
limited by guarantee and a registered charity.
Company No. 1485560 Charity No. 279756 VAT No.
402196875

Registered Office:
The Elmhirst Centre, Dartington Hall, Totnes TQ9 6EL