

WEST LoTHIAN CHILD PROTECTION COMMITTEE

16/17-YEAR-OLDS AT RISK OF SIGNIFICANT HARM

TRANSITION BETWEEN CHILDREN’S AND ADULT SERVICES GUIDANCE

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1. Introduction and Purpose

Child Protection Procedures apply to those under the age of 18. In this guidance the term “child” applies to those under the age of 18.

This guidance is for all professionals working in the public, private and third sectors in West Lothian and aims to provide clear principles on how to effectively support children at risk of harm, abuse, neglect, exploitation or self-harm at key transition points in their life between, within and across children’s services and adult services.

This guidance should complement, not replace, or replicate any existing national guidance and/or any local service/agency guidance on transition.

2. Policy Context

In Scotland there is a multi-agency approach to the protection of children and adults. Keeping children and adults safe and protected from all forms of harm, abuse, neglect, exploitation, or self-harm is a *shared responsibility* and is *everyone’s job*.

The following are key child and adult protection policy developments relating to transition:

- [“It’s everyone’s job to make sure I’m alright”: Report of the Child Protection Audit and Review](#) (Scottish Executive: 2002)
- [Protecting Children and Young People: Child Protection Committees and Chief Officer Responsibilities](#) (Scottish Government: 2019)
- [National Guidance for Child Protection in Scotland 2021 – updated 2023](#) (Scottish Government: 2023)
- [Getting it right for every child](#) (Scottish Government: 2022)
- [Getting it right for everyone \(GIRFE\)](#) (Scottish Government: 2023)
- [A Quality Framework for Children and Young People in need of Care and Protection](#) (Care Inspectorate: 2022)

It is important that children and adults who may be at risk of harm, abuse, neglect, exploitation, or self-harm get the *right support; at the right time; from the right people; for as long as they need it*, to ensure they are safe, protected and can reach their full potential.

Children’s and adult services must work together to effectively *promote, support and safeguard* the wellbeing of children and adults.

3. Definitions

Child

In terms of Child Protection, a child is defined as person up to the age of 18 years. However, in Scottish legislation the legal boundaries of childhood and adulthood are variously defined.

Further explanation of definitions and legislation can be found [here](#) in the [National Guidance for Child Protection in Scotland 2021 – updated 2023](#).

Adult

[The Adult Support and Protection \(Scotland\) Act 2007](#) introduced measures to support and protect adults who may be at risk of harm. Adults are defined as people aged sixteen and over and are only considered to be an Adult at Risk of Harm in relation to the Adult Support and Protection legislation, if they meet **all** of the following criteria:

1. they are unable to safeguard their own wellbeing, property, rights or other interests; and
2. are at risk of harm; and

3. because they are affected by disability, mental disorder, illness or physical or mental infirmity, they are more vulnerable to being harmed than adults who are not so affected

Regardless of the differing legal definitions of the age of a child the priority is to ensure that a child who is, or may be, at risk of harm, abuse, neglect, exploitation, or self-harm, is offered appropriate support and protection.

Children aged between sixteen and eighteen are potentially vulnerable to falling 'between the gap' of children's services and adult services. **No child should be denied a protective service because of uncertainty about the legal category into which they may fall.**

4. Transition

Transition can be multi-dimensional and complex. Transition, by its very nature is fluid; non-binary and flexible.

Transition is not simply:

- a process or a period of change
- a period of handover or an interface or
- a phase

Transition can involve periods of heightened and/or predictable vulnerability, risk and needs. These can be both physical and/or emotional. Transition is age, stage and developmental based.

Transition should be trauma informed - focused on vulnerability, risk and needs, **person-centred and not eligibility-centred.**

Transition is a critical and formative experience for children and should be viewed as a process that unfolds over several months, if not years and should not be seen as a single 'one-off event'.

During transitions children are likely to come into contact with professionals from different services and agencies across the public, private and third sectors; all of which requires to be carefully planned, managed and coordinated.

Support

Transitions need to be informed by continuous assessment and planning in order to achieve better outcomes for children. Thought should be given to existing relationships with professionals and how the loss of these will be managed and the sharing of all relevant information and understanding of the child's lived experiences to ensure that they don't need to "start again" with new professionals.

Professionals and their managers should contribute to planned and co-ordinated transitions between, within and across services and agencies; including organisational and geographical transitions between, within and across local authority areas and health board areas; in addition to transition from childhood into adult life.

Transitions between, within and across placements; schools; child and adult services; stages of recovery and phases of relationship, are all points at which insecurities can surface. Plans should also be clear about the transfer of single and/or multi-agency professional responsibilities at times of transition.

Examples of Transition Points

The following is not an exhaustive list but highlights key transition points which can present risks, opportunities and challenges.

- conception/pre-birth to birth (with changes from midwifery to health visiting; appointment of Named Person and / or Lead Professional)
- early learning/nursery school to primary school (with changes in the Named Person and/or Lead Professional)
- primary school to secondary school (with changes in the Named Person and/or Lead Professional), secondary school to employment, further education, training.
- changes between/of Named Person and Lead Professional
- school attendance to non-attendance to exclusion status
- leaving childhood to emerging adolescence; leaving adolescence to adulthood
- changes of GP and other health professionals
- changes and impact as a result of physical and mental ill-health
- changes of key worker between, within and across children's services and adult services – including mental health services and drug and alcohol services
- house to house moves; town to town moves; moves between local authority areas
- changes of care placements: birth family; family-based kinship care: residential care; secure care; foster care; adoption etc.
- changes in employment/unemployment status and income; including financial hardship
- recovery phases as a result of harm, abuse, neglect, exploitation; self-harm; substance misuse; mental ill-health and domestic abuse
- moving from a child's plan to a child protection plan and vice-versa
- moving from youth justice services to adult justice services

5. Principles for Joint Working

- IRDs for 16/17-year-olds should consider whether child protection or ASP procedures best meet the child's needs. Adult services should be involved in the IRD;
- Staff in children's services and adult services must continue to seek and share information appropriately in relation to the care and protection of children and adults at risk;
- Child Protection Planning meetings for 16/17-year-olds must consider whether children's or adult services or a combination of both best meets the child's needs. Relevant professionals from Adult Services must attend CPPMS. Plans should clearly outline each professional's role and responsibilities. The child's views must be considered.
- Where there is dissent, it should be escalated in accordance with the Child Protection Procedures.
- Underpinning this approach is the need to ensure:
 - The welfare of the child is paramount;
 - Children are provided with independent advocacy;
 - Children's views are sought and considered, they are taken seriously and treated with respect;
 - Children's rights are upheld;
 - Children are kept safe and protected from significant harm;
 - Children get the support they need; when they need it, it is the right support, at the right time, from the right people, for as long as they need it;
 - Children are at the heart of, and involved in all key assessment, planning and decision-making processes which affect their life; these processes are person-centred and focus on needs and risks;
 - Children are supported by a trauma informed workforce.