

“Safeguarding is everyone’s business”

See the CHILD, see the ADULT
see the CHILD

How to identify and respond to concerns about a vulnerable child or adult at risk: joint agency guidance*

June 2018- Version 1.0

Contents

1	Introduction to see the adult see the child	3
2.	The purpose of this guidance.....	3
3.	Definitions of Safeguarding.....	4
4	Principals of safeguarding	6
5.	Successful Inter–Agency Working.....	7
6	Management of additional parental needs	8
7	Transition from Children’s to Adult Services.....	9
8	Working with pregnant women and unborn children.....	10
9	Young Carers	11
10	Contact details.....	12

1 Introduction to see the adult see the child

- 1.1 Analysis of findings from Serious Case Reviews (SCRs) indicates there is cumulative risk of harm to a child when different parental and environmental risk factors are present in combination or over periods of time, particularly in relation to domestic abuse, parental mental ill-health, and alcohol or substance misuse, but it also includes other risks such as adverse experiences in the parents' own childhoods, a history of violent crime, a pattern of multiple consecutive partners, acrimonious separation, and social isolation. ¹
- 1.2 Inquiries into child deaths have shown that close joint working between professionals involved with the whole family can impact positively on child protection planning and is vital for a full understanding and assessment of risk. (al, 2011)²
- 1.3 Practitioners should explore whether there may be other cumulative risks of harm to the child, as well as any protective factors. The impact of all domestic abuse is harmful to children and a step-change is required in how we understand and respond to domestic abuse. Adults in need of care and support may also be in a household (either as victims or as witnesses) where domestic abuse is taking place and as such their welfare must also be considered.

2. The purpose of this guidance

- 2.1 To ensure that children's needs are prioritised and they are safeguarded from abuse and harm, and that adults at risk who may be vulnerable to harm are also protected.
- 2.2 All agencies have a duty to safeguard adults and children at risk of abuse, to recognise the signs of abuse and to take action where abuse is reported.

¹ (al, Pathways to harm pathways to protection: a triennial analysis of serious case reviews 2011 to 2014, 2016)

² New Learning from Serious Case Reviews (SCRs): a two year report 2009 to 2011, Brandon et al, DfE, 2011

- 2.3 This guidance therefore, is to ensure effective and timely referrals between all adult and children's services, including the transition between children's and adults' services and to promote good practice in multi-agency working. This guidance respects an adult at risk's right to live free from abuse with dignity, autonomy, privacy and equity.
- 2.4 The respective Safeguarding Boards do not intend the guidance to provide a comprehensive list/guide to all adult/child concerns, and recognises that professional judgement plays a significant part in assessing concerns for a child or adult at risk, but this guidance highlights some of the major areas of impact. The Learning and Development sub-groups of both Adults and Children's services will ensure this guidance is embedded in relevant training

3. Definitions of Safeguarding

- 3.1 There is a duty **ON ALL PROFESSIONALS IN ALL SERVICES** to give paramount consideration to the welfare and safety of children and adults at risk and to ensure that early intervention takes place

Safeguarding Children

- 3.2 A child is defined in the Children Acts 1989 and 2004 as anyone who has not yet reached their 18th birthday. Safeguarding and promoting the welfare of children is defined, in Working Together to Safeguard Children (2015), as:
- protecting children from maltreatment
 - preventing impairment of children's health or development
 - ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
 - Taking action to enable all children to have the best outcomes.
- 3.3 The Children Act 1989 s31 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to

make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. Harm can be categorised as physical, emotional or sexual abuse or neglect. Children can be at risk from significant harm when they have caring responsibilities for others.

- 3.4 Children in need are those, defined under s17 of the Children Act 1989, who are unlikely to reach or maintain a satisfactory level of health or development or their health or development are likely to be significantly impaired without the provision of services, or who are disabled. Local authorities have a duty to safeguard and promote the welfare of children in need.

Safeguarding Adults

- 3.5 An adult at risk as defined by The Care Act 2014 is an adult who:
- has needs for care and support (whether or not the local authority is meeting any of those needs) and,
 - is experiencing, or at risk of, abuse or neglect and,
 - as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect
- 3.6 Safeguarding 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 or neglect, while at the same time making sure that the adult's wellbeing is promoted
- 3.7 A Safeguarding Adults Manager will consider whether there are grounds to suspect abuse of an adult at risk and, if appropriate, will arrange for an enquiry into the alleged abuse. If abuse has occurred or is suspected, then they will ensure that action is taken to try and safeguard the adult at risk in the future. Where it appears a criminal offence has been committed, the Police will be informed. If adult abuse is suspected in a household in which there are children, adult services will coordinate the safeguarding adult's process and children's

services will be involved to ensure the safety of the children. Children's and Adult services will involve each other closely in any enquiries that are conducted

4 Principals of safeguarding

- 4.1 All professionals who come into contact with children and their parents/carers and families and pregnant women must recognise they have a duty to safeguard and promote the welfare of children. The needs and safety of children and adults at risk of harm are paramount and any concerns should be recorded and referred in line with local procedures.
- 4.2 The well-being of children and their families is best delivered through a multi-agency approach with different services working effectively together. Parenting capacity is best assessed with the joint input of workers from adults and children's services with support where appropriate from services with specialist expertise.
- 4.3 Efforts should be made to work in partnership with families, children and significant others during referral, assessment and follow-up unless this would compromise the safety of children/adults in need of safeguarding.
- 4.4 Children and adults at risk of harm will be listened to and their wishes and feelings explored. Their views will be clearly recorded and the needs of the adults should not marginalise the needs of the children.
- 4.5 Parents, carers and children will be communicated with in a timely, appropriate and accessible manner that assists them to understand what is happening. Where required, access to independent advocates with the appropriate skills should be provided e.g. for a child or adult at risk with a learning disability or for an adult who has 'substantial difficulty' in being involved in the Safeguarding adults process.

5. Successful Inter-Agency Working

- 5.1 There should be clear information sharing at the earliest opportunity, with joint working between the various inter-agency teams focussing on relationships within the family and joint oversight of the on-going work. Consent should be sought unless there are immediate safeguarding concerns. National guidance on information sharing can be found at:
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- 5.2 That all agencies that mainly serve adult service users must consider, when deciding if an individual meets their threshold for a service, the possible impact on the individual of any caring responsibilities for children and whether they have the capacity to meet these, and the potential impact on a child who is the carer of an adult receiving services. If a member of staff working with adults has concern that a child may be at risk of or suffering abuse or exploitation, then they should refer to the Children's Services (see contact details in section 10)
- 5.3 That all agencies that mainly serve children and young people must consider, when deciding if the child or young person meets their threshold for a service, the possible impact on the child or young person of having a parent/carer with additional needs or who is vulnerable. Relevant information about ex-partners should also be considered. If a member of staff working with children has concern that an adult may be at risk of or suffering abuse or exploitation, then they should refer to: Adults Social Care (see contact details in section 10)
- 5.4 When initiating a Sec 47 enquiry, Children's Services should consider undertaking checks with Adult Care Services and Adult Care Services staff should contact Children's MASH team to see whether they have had involvement. Advice should be sought from the local Caldicott guardians (managing confidentiality) to make sure that the checks do not breach the rules on information-sharing. While consent should still

be sought in S47 investigations, this can be over-ridden if there are concerns about the welfare of the child.

- 5.5 When there is multi-agency working between adult and children's services there is an identified lead professional to co-ordinate the process.

6 Management of additional parental needs

- 6.1 Professionals working with children and families must be alerted to the possibility of mental health issues/substance misuse issues/disability/learning difficulties or any additional need in the parents they see. Where there are concerns these must be shared promptly with the appropriate adult team for their assessment and a strategy developed to deal with the concern, with the least stress to family members.
- 6.2 All staff assessing and working with children also have a duty to consider the needs of the adult(s) who is caring for them, or living in the same household, particularly if it is considered that the adult is vulnerable. In particular staff should undertake an assessment of the vulnerable adult's capacity to meet the needs of their children (including unborn children) and to safeguard them from harm.
- 6.3 If an adult is in need of services, then the main referral points are related to the specific needs of the adult and referrals for mental health problems should be made to mental health services, learning disability to learning disability services and other matters to adult services.
- 6.4 Research³ carried out showed that the support and intervention that children received through child protection or children in need plans led to better outcomes in the majority of cases, both in cases involving drug and alcohol problems and mental health difficulties.

³ Report Summary What about the Children? (Ofsted and CQC, 2013)

7 Transition from Children's to Adult Services

- 7.1 Young people with long term needs may need to move from children's services to adult services. This is known as transition. There are two key issues in transition. Firstly, it is about legally becoming an adult and achieving independence, to an appropriate degree. Secondly, it is about changes in the actual services used.
- 7.2 The age at which transition may take place can vary between services, for example some changes in health provision may take place at 16 but young people with special needs/disabilities may remain at school until they are 19. Other issues include social isolation, difficulty finding work and problems with their parent/carer relationships, such as overprotectiveness or low parental expectations.
- 7.3 Services should be mindful that children and young people have wide and varied health, social, educational, emotional and developmental needs that will differ from their chronological age. This is important in the assessment and planning process to ensure that the individual needs of young people are recognised when planning for transition.
- 7.4 Transition from children's to adult services can cause considerable stress for families and carers. In order to reduce the stress it is vital that transition planning is started early. It should centre on the views, wishes and aspirations for the future of the young person and their parents/carers. It is also essential that the services and support provided at the time of transition are seamless, but also enable the young person to achieve greater independence.
- 7.5 Good practice for transition planning should be based on the principles of self-directed support, and should include service provision which is multidisciplinary, holistic, planned and provides an element of continuity.
- 7.6 Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements. Where appropriate, adult

safeguarding services should involve the local authority's children's safeguarding colleagues as well as any relevant partners.

8 Working with pregnant women and unborn children

- 8.1 All agencies are responsible for identifying pregnant adults at risk who may be in need of additional services and support. Pregnant women with a previous history of mental health problems are particularly vulnerable to breakdown during the later stages of pregnancy and following the birth of their baby⁴. Women with substance misuse problems also pose a risk to the unborn child if not provided with additional support during pregnancy.
- 8.2 When an agency identifies a pregnant woman at risk an assessment must be undertaken to determine what services she and the unborn child require. This must include gathering relevant information from their GP and relevant Children and Adult Services, in addition to any other agencies involved, to ensure that the full background is known. This is especially important where awareness of earlier births may need to be clarified, for example, in the case of older or overseas children. Where this assessment identifies that a pregnant woman has additional problems which may place the unborn baby at risk, a pre-birth assessment must be undertaken by children's specialist services.
- 8.3 Where the need for referral is unclear, this must be discussed with a line manager or professional adviser before referring to the appropriate services. If a referral is not made this must be clearly documented. Staff must ensure that all decisions and the agreed course of action are signed and dated. The outcome of the pre-birth assessment will determine whether there are sufficient concerns to warrant a pre-birth child protection conference or child in need plan.
- 8.4 See Hertfordshire's Pre-birth Protocol for details on when a pre-birth assessment should take place [here](#).

⁴ *Biennial Analysis of the Impact of Serious Case Reviews, Biennial Analysis of the Impact of Serious Case Reviews, Brandon, 2011.*

The recommendations of the child and family assessment must be endorsed by a manager. Where the decision is to develop a Pre-Birth Team Around the Child, Child In Need or Child Protection Plan, this takes place as part of a multi-agency meeting which must take account of the views of all agencies, the parent/s and other key family members.

9 Young Carers

- 9.1 A Young Carer is any child below the age of 18 who provides or intend to provide care for a family member of any age except where that care is provided for payment or as voluntary work. The person they are caring for may be disabled, physically or mentally ill, frail elderly or misuses alcohol or other substances. The caring responsibilities may be practical or emotional and would normally be expected of an adult.
- 9.2 Young carers have a right to an assessment – the starting point will be assessing the needs of the adult or child who needs care and support and then determine the support needs of the young carer.
- 9.3 Any Young Carer is entitled to an assessment of their ability to care under section 1(1) of the Carers (Recognition and Services) Act 1995 and the local authority must take that assessment into account in deciding what community care services to provide for the parent or family member being cared for. The response from the practitioner (whether in Adult or Children's Services) will be proportionate to the level of need and risk identified. Where a Young Carer has been identified, an assessment must always be carried out. This will be an Early Help Assessment or where there are concerns around significant harm or neglect, a social work led Children & Families Assessment will be needed and an Inter-agency Referral will need to be completed. Depending on the age of the child, parental consent may be requested for this assessment. When a child is acting in a young carers role, contact with their school to discuss the situation should be encouraged.

- 9.4 Every opportunity should be offered to young carer's to express their views about their parents' mental illness and supported to attend and contribute to their parents' CPA (Care Programme Approach) reviews. These meetings are used to discuss and review the needs of the person experiencing mental illness.

10 Contact details

In an emergency contact the Police on telephone number 999

Adult Services

To report a concern that an adult at risk is being abused or neglected:

Call 0300 123 4042

Lines are open 24 hours a day.

During office hours, you can also make a safeguarding referral through our professional referral form.

www.hertfordshire.gov.uk/services/adult-social-services/care-and-carers/arranging-and-paying-for-care/professionals-request-social-care/professionals-make-an-social-care-referral.aspx

The form includes the facility to upload your own assessment or documentation (use the link above). These referrals will not be viewed outside office hours.

You can also call 0300 123 4042, Monday - Thursday 9am-5.30pm, Friday 9am - 4.30pm.

Safeguarding Adults Board website

Children's Services

0300 123 4043 - call any time if you're a child or young person being abused.

Call 999 if you're in immediate danger or if a crime is being committed.

Information for professionals

For professionals:

- [Make a child in need or child protection referral](#)
(read the [safeguarding referral form guidance](#))
- [Request support for a child or family](#)

For urgent enquiries, call 0300 123 4043.

Hertfordshire Safeguarding Children Board

The [Hertfordshire Safeguarding Children Board](#) ensures that organisations working with children and young people work together to keep children safe.

