



See the ADULT & see the CHILD see the ADULT

How to identify and respond to concerns about a vulnerable child or adult at risk: a joint agency protocol between children's and adult services

December 2017

(Amended May 2018)



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I 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.
- 1.4 However, it is not just children who may be at risk of harm. Adults at risk may also be susceptible to abuse from other adults and from children. Also, it is important to remember that a young person who is considered vulnerable will, therefore, become an adult at risk on their 18th birthday. This protocol 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. All agencies have a duty to safeguard adults at risks from abuse, to recognise the signs of abuse and to take action where abuse is reported.
- 1.5 The respective Safeguarding Boards do not intend the protocol to provide a comprehensive list/guide to all adult/child concerns, and that professional judgement plays a significant part in assessing concerns for a child or adult, but this protocol highlights some of the major areas of impact.

2. The purpose of this protocol

- 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 from children or anyone else 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.
- 2.3 This protocol 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 protocol

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

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 protocol 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 protocol highlights some of the major areas of impact. The Learning and Development sub-groups of both Adults and Children's services will oversee the implementation of this protocol including ensuring relevant training is provided, and will report regularly to the Greenwich Safeguarding Adults Board (GSAB) and Greenwich Safeguarding Children's Board (GSCB).

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. It is expected that organisations work together and share information to safeguard Adults and Childrens.

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 (SAM) will consider whether there are grounds to suspect abuse of an adult at risk and, if appropriate, will arrange for an S42 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 Principles 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.

- 4.6 All professionals working with adults should be mindful of the 6 key principals of the Care Act 2014, Empowerment, prevention, protection, proportionality, partnership and proportionality.

5. Successful Inter-Agency Working

- 5.1 SCIE's Think Family guide makes reference to Serious Case Reviews (SCRs) of incidents in which children have been harmed, repeatedly highlight a lack of checking between services, to see if a child at risk has a parent or carer known to adult services, or if an adult with significant needs is a parent or a carer to children.

When initiating a Sec 47 enquiry, Children's Services Assessment & Support Teams should undertake checks with Adult mental health services and when receiving a referral in the Home Treatment Team staff should contact Children's MASH team to see whether CSC are/have been involved.

- 5.2 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>
- 5.3 'Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015)³ supports front line practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis. The advice includes the seven golden rules for sharing information effectively and can be used to supplement local guidance and encourage good practice in information sharing.
- 5.4 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 MASH (see contact details in section 10)
- 5.5 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: Contact Assessment Team (see contact details in section 10)

- 5.6 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 disabilities 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.

Assessments

- 6.3 SCIE's Think Child, Think Parent, Think Family Guide explained that families facing multiple adversities (e.g. depression, drug and alcohol misuse and homelessness) need careful multi-disciplinary and multi-agency assessment and support. Social Workers in Children's services may have only limited knowledge of mental health problems, particularly their impact on parenting. It may also not always be considered how parenting could have an impact on a person's mental health. We also know from Serious Case Reviews that that some practitioners lack confidence in making an assessment of the impact of mental health problems on a family, the concept so resilience is not well enough understood and at times can be overly optimistic, and fail to recognise the need to protect children from harm.

- 6.4 It is therefore important, that when undertaking assessments, staff have increased knowledge and understanding of adult mental health problems and their impact on the family in the present, over time and across generations, to help them identify when to intervene early or as a preventative measure.

- 6.5 Additionally, it is also important that staff are able recognise the signs of adult mental distress so that they are aware of the risk of neglect, abuse and domestic abuse and are equipped to follow the local safeguarding procedures within their area

- 6.6 Practitioners should consider a joint assessment when dealing with mental health issues within a family.

- 6.7 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.

- 6.8 Recent research⁴ 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.

Resilience

- 6.9 SCIE's guidance refers to research showing that increasing every family member's understanding of a parent's mental health problem is highly successful in terms of increasing their ability to cope.
- 6.10 This guide highlights the importance of promoting and supporting protective factors as it can help reduce negative effects when a parent is mentally ill. Examples were given on how improving a child's self-esteem and self-efficacy as well as altering the child's perceptions/understanding of mental health, or exposure to risk of harm could help the child to build their capabilities to cope better with adversities.
- 6.11 A Family Group Conference could be considered as a possibility of focussing on resources and protective factors within the family and its environment.

7 Transition from Children's Services to Adult Services

- 7.1 Please read in conjunction with Appendix I- Procedures for Safeguarding during Transition
- 7.2 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.
- 7.3 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.
- 7.4 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.
- 7.5 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.

- 7.6 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.
- 7.7 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 baby³. 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 A pre-birth child and family assessment should be undertaken on all pre-birth referrals which meet the threshold for statutory involvement and a professional's strategy meeting held where: -
- There has been a previous unexplained death of a child whilst in the care of either parent.
 - There are concerns about domestic abuse or where a family member or partner is a person identified as presenting a risk to children.
 - A sibling in the household has a child protection plan.

³ *Biennial Analysis of the Impact of Serious Case Reviews, Biennial Analysis of the Impact of Serious Case Reviews, Brandon, 2011.*

- A sibling has previously been removed from the household either temporarily or by court order.
- The degree of parental substance misuse is likely to significantly impact on the baby's safety or development.
- The degree of parental mental illness/impairment is likely to significantly impact on the baby's safety or development.
- There are concerns about parental ability to self-care and/or to care for the child e.g. unsupported young or learning disabled mother.
- Any other concern exists that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child.

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 intends 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 SCIE's guidance makes reference to the voice of the young carer and how often it is not heard or taken into consideration seriously enough, when considering care packages for the adult with mental health problems. Every opportunity should be offered to young carer's to express their views about their parents' caring needs and supported to attend and contribute to their parents' CPA (Care Programme Approach) reviews and assessments. These meetings are used to discuss and review the needs of the person experiencing mental illness. As a young carer, they would usually be in school when these meetings take place.
- 9.3 Community mental health teams should always consider the young carers' views in CPA reviews and assessments.
- 9.4 Young Carers' assessments should routinely feed into adult's care plans
- 9.5 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.
- 9.6 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 carer's role, contact with their school to discuss the situation should be encouraged.

- 9.7 Information on services that may be available to support the young person and their family can be obtained through the Family Information Service (FIS) on 020 8921 6921 or fis@royalgreenwich.gov.uk

10 Contact details

In an emergency contact the Police on telephone number 999

Adult Services

Contact Assessment Team (CAT)

The Woolwich Centre

Tel: 0208 921 2304 (9am to 5pm) or 020 8854 8888 (out of hours).

AOPS.contact.officers@royalgreenwich.gov.uk

(First point of contact for all Safeguarding Adults Concerns)

Safeguarding Adults Team

The Woolwich Centre

Duty Tel: 0208 921 3888

adultsafeguarding@royalgreenwich.gov.uk

(Safeguarding adults advice only to raise a concern contact CAT Team above)

Safeguarding Adults Board website

www.greenwichsafeguardingadults.org.uk

Community Learning Disability Team

The Woolwich Centre

Tel: 0208 921 4860

Learning-Disability-Duty@royalgreenwich.gov.uk

Community Mental Health Team

(Covering network and Excell)

Greenwich East Locality

Ferryview

Tel: 0208 319 5500

oxl-tr.referralsgreenwicheast@nhs.net

Greenwich West Locality

(Covering Eltham, Blackheath and Charlton)
The Heights
Tel: 0208 269 4110
oxl-tr.referralsgreenwichwest@nhs.net

Emergency Duty Team (Out of office hours only)
Tel: **020 8854 8888**
Monday to Thursday: after 5.30pm
Fridays: after 4.30pm
Plus weekends, bank holidays

Children's Services

Multi Agency Safeguarding Hub
The Woolwich Centre
Tel: 020 8921 3172 (Referrals)
Consultation Line: 020 8921 2267
MASH-Referrals@royalgreenwich.gov.uk
(First point of contact for all safeguarding children concerns)

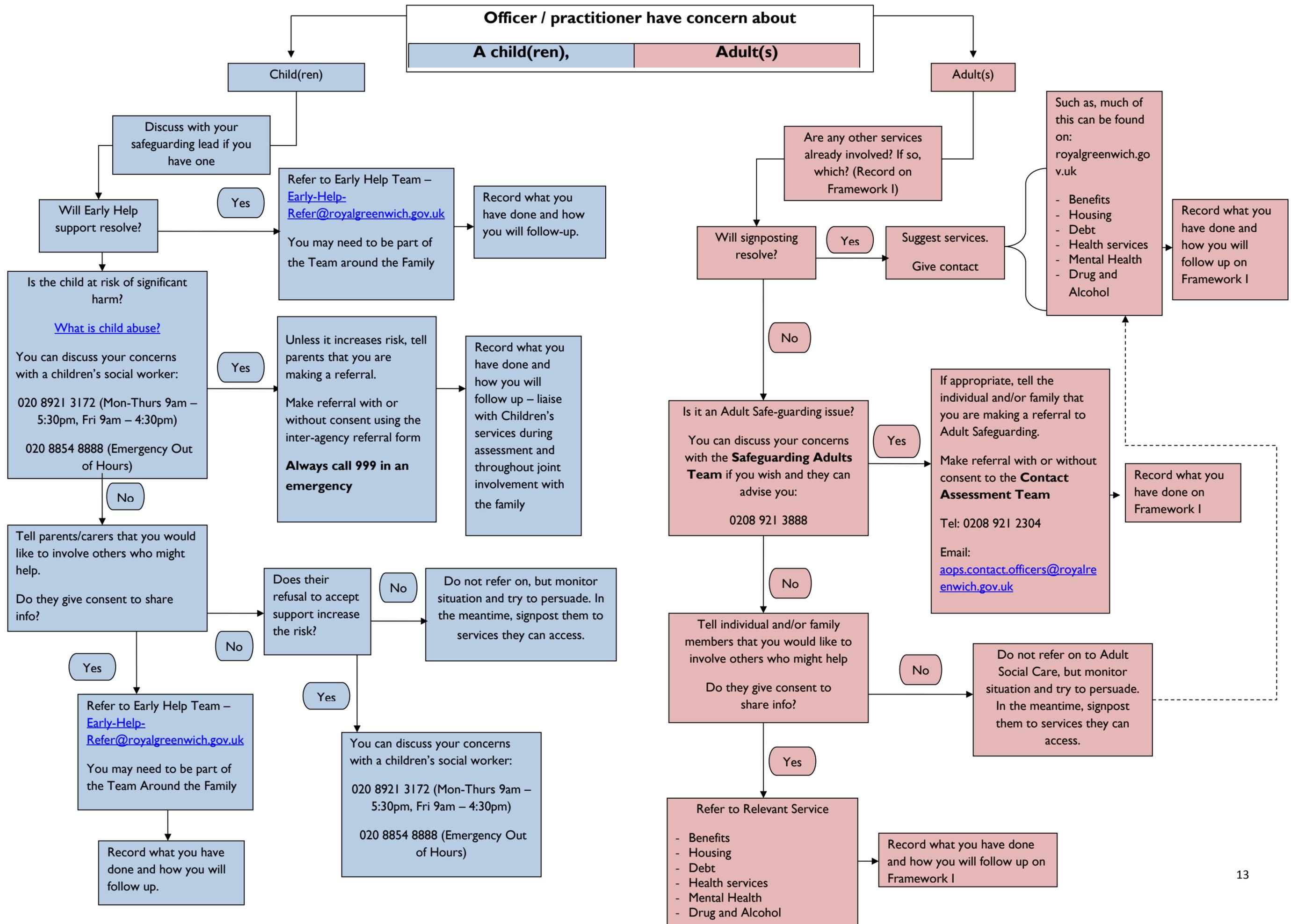
Early Help Service (*Early Help Family Workers, P4P Parenting Programmes and Children's Centres 0-13*)
The Woolwich Centre
Tel: 020 8921 4590 (1-4pm weekdays)
Early-help-refer@royalgreenwich.gov.uk

The Point (*Help, advice and services for young people 14+*)
Tel: 020 8921 8224
The-point@royalgreenwich.gov.uk

Greenwich Safeguarding Children Board website
www.greenwichsafeguardingchildren.org.uk

Emergency Duty Team (Out of office hours only)
Tel: **020 8854 8888**
Monday to Thursday: after 5.30pm
Fridays: after 4.30pm
Plus weekends, bank holidays

Appendix I-See the adult, see the child Needs Process



Appendix 2: Procedures for Safeguarding During Transition

Introduction

Safeguarding Children's procedures cover children and young adults up to the age of 18 years. Safeguarding Adults procedures cover all adults from the age of 18 years (who may be in need of care or support services and who may be unable to take care of him/herself, or unable to protect him/herself against harm or exploitation).

This procedure sits alongside the mainstream Transition Protocol for young people with a disability as they reach adulthood and will be used in addition where there are safeguarding concerns before or at the point of case transfer.

The procedure clarifies which service is responsible for leading a safeguarding enquiry and putting protection plans (where required) in place. It also outlines the process to be followed at the point of case transfer to ensure that when a young person with care or support needs begins the transition from Children's Services to Adult Services, that any current or previous child protection or safeguarding concerns are reported to Safeguarding Adults Services.

Application

This procedure applies where the young person (who has care or support needs) has been subject to a Child Protection Plan or where there has been previous Safeguarding Children/risk of sexual exploitation concerns.

Enquiry

When an alleged victim is over the age of 18 years by the time the safeguarding concern is reported, but the allegation occurred prior to the individual reaching that age, any investigation will be led by Children's Services and/or the police. In such cases the involvement of Children's Services will be initiated via the Multi Agency Safeguarding Hub (MASH)

Multi Agency Safeguarding Hub (MASH)

When an alleged victim is over 18 years and the allegation occurred after they reached that age, any investigation into the concerns will be led by Adult Services.

If there is evidence that the alleged victim has, or is at significant risk of sexual exploitation, this information should be shared with the chair of the Multi-Agency Sexual Exploitation (MASE) panel, in order to develop a holistic overview of intelligence that could improve prevention and disruption of activity in Greenwich.

If concerns are raised about a provider that runs services for individuals both under and over the age of 18 (such as specialist colleges), the host authority should be responsible for clarifying whether their children or adults safeguarding services will act as the Safeguarding Manager and coordinate any investigation that is required. Input will be required from both Greenwich Children and Adult Services as the placing/funding authority. The Local Authority Designated Officer (LADO) should be consulted if there is concern that staff have acted in a way that has "harmed" a child/young person by an act of commission or omission.

Protection Plans

The protection arrangements, however, may be the responsibility of either children or adult services where the following criteria apply:

- Where a young person is supported by children's services under the "leaving care" arrangements, their protection is the responsibility of that service until they are 21 (or 25 if they are still in full-time education or training). A small number of looked after young people will transfer to Adult Services at 18 if their assessment indicates that they do not have the capacity to live independently as an adult and require accommodation/funding. In such cases the safeguarding responsibility will transfer to adult social care services at the same time as the case is transferred
- If the safeguarding alert is raised during the transitions period held by Children's Services, then the responsibility for the protection will remain with this service throughout the investigation. Any discussion/agreement to transfer responsibility should be made subsequent to and not as part of the investigation
- In all other cases the protection arrangements would be the responsibility of Adult Services
- Any risks to young siblings must be addressed through children's social care.

In such cases communication between adults and children's services must take place - and be continuous, so that each service is kept informed and can take account of any implications that cross over these two service areas

Case Transfer Procedures

Case transfer discussions will take place between the Team Manager in the current (Children's Service) service and the receiving (Adult Services) Team Manager.

Once agreement has been reached on case transfer, the following procedure must be followed:

- Details of the Child Protection Plan or previous safeguarding children/child sexual exploitation (CSE) concerns must be recorded in the transfer summary paperwork
- The Adult Social Care Team (that the young person will be transferring to after transition) must be alerted in writing
- Greenwich's Safeguarding Adults Service must also be alerted in writing
- The relevant receiving manager in Adults Services will confirm to Children's Services within 5 working days whether the young person is likely to be eligible for a service at the point of transfer
- The Safeguarding Adults Manager and relevant Service Manager must have unrestricted access to any relevant FWi electronic records held by Children's Services
- If there is an existing child protection plan in place then a case transfer conference should be convened by Children's Services, inviting the Manager of the receiving Team and the Team Manager Safeguarding Adults.
- At that meeting, conference chairs and Independent Reviewing Officers (if involved), should seek assurance that there has been appropriate consultation with the young person and adult social care that clarifies:
 - 1) What information and advice the young person has received about adult safeguarding
 - 2) The need for advocacy and support
 - 3) Whether a mental capacity assessment is needed and who will undertake it

If case transfer cannot be agreed, the dispute should be escalated to the Manager of Children's Services and the Head of Safeguarding Adults Services for resolution.

Young People with Disabilities Not Known to Greenwich Children with Learning Disabilities Team

Many other staff (e.g. school and college staff) will work with young people with disabilities or special needs who are not known to Children's Service. When these young people are aged 18 or over, in the process of transition to Adult Services and there is concern about possible abuse, this should also be reported to Greenwich's Safeguarding Adults Team.