



# Safeguarding Families in Northumberland:

## A shared best practice guide for staff in adult and children's services

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## **1.1 Northumberland's Safeguarding Children Board and Northumberland's Safeguarding Adults Board recognise that:**

- The safeguarding and promotion of the welfare of vulnerable members of the community, whatever their age, is a shared responsibility and that commitment to a 'whole family' approach is essential in ensuring the safety and wellbeing of both adults and children
- Effective planning of services requires agencies and professionals to work in partnership with each other and with service users at a strategic level to ensure services are comprehensive, complementary and co-ordinated
- Effective service provision depends upon proficient information sharing; continued collaboration; understanding and mutual respect between agencies and professionals
- Constructive relationships between individual practitioners need to be supported by a strong lead from elected and appointed local authority members and the commitment of and leadership from chief officers and senior managers of partner organisations
- Individual practitioners need to be facilitated in meeting their responsibilities under this protocol through the provision of appropriate training, adequate resources and high quality management support and supervision.

### **And agree to:**

Actively implement the protocol within their own agency by:

- Promoting ownership of it at all levels
- Ensuring dissemination to all staff
- Agreeing a joint training programme
- Monitoring implementation and compliance, ensuring that staff are familiar with and adhere to procedures set out in this protocol
- Ensure that all service-specific procedures and guidelines are consistent with the principles of this protocol
- Audit compliance with the protocol within their own agency.

## **1.2 Context of the Protocol**

- 1.2.1 It is well established that the needs of children are usually best met by living within their own families. However, in situations where they are being cared for by adults at risk of abuse, these needs can only be understood and met by assessing the whole family, particularly the parents/carers. *"We already know from our previous biennial reviews that domestic violence and drug and/or alcohol misuse feature frequently in*

*the lives of the families where fatal or serious incidents have occurred*<sup>1</sup>. Earlier research noted that injuries 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<sup>2</sup>.

1.2.2 Brandon et al 2012 also highlight the issue of the 'hidden man' in the household, and who was living in the home and acting as care-giver to the children, to whom he may or may not have been related. This emerged as a theme in eleven of the twenty cases, and led in all these eleven cases to recommendations, often around raising awareness of the issue, and of accurate recording of the man's presence, and sharing of this information appropriately. Sharing of information was of real concern when the man had a history of violent offending or had assaulted a child in the past.

1.2.3 However, it is not just children who may be at risk of harm. Adults may also be at risk of abuse or neglect from other adults, and from children. Also, it is important to remember that a young person who is considered vulnerable will become an adult at risk on their 18<sup>th</sup> birthday. This protocol therefore, is to

- Ensure effective and timely referrals between all Adult and Children's Services, including:
- Support during the transition between Children's and Adults' services in Northumberland, and
- Promote good practice in multi-agency working.

1.2.3 There are many situations where children may already be living with or regularly having contact with adults at risk of abuse. Alternatively, children may not live in the same home as the adult at risk, but visit regularly; for example grandchildren visiting grandparents. Children's workers may become aware of adults at risk whilst visiting a household, extended family, or a neighbourhood. Adult workers may also have concerns about children they are aware of. In order to safeguard both children and adults at risk in such situations, it is essential that children's and adults services work together effectively.

1.2.4 This is a collaborative protocol between Northumberland's Safeguarding Children Board (NSCB) and Northumberland's Safeguarding Adults Board (NSAB). It is a generic protocol about how to raise concerns about a vulnerable child or adult. It should be read in conjunction with any specific protocols and procedures relevant to the circumstances, including the Northumberland Safeguarding Children's Board Threshold Document.

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<sup>1</sup>New learning from serious case reviews: a two year report for 2009-2011 Brandon et al. Page 127

<sup>2</sup> Brandon, M., Bailey, S., and Belderson P. (2010) *Building on the Learning from Serious Case Reviews: a two year analysis of child protection database notifications 2007-2009*. London: Department for Education, DFE-RR040.

These are available from the Northumberland's Safeguarding Children's Board website:  
[http://northumberlandscb.proceduresonline.com/pdfs/multi\\_age\\_thresholds.pdf](http://northumberlandscb.proceduresonline.com/pdfs/multi_age_thresholds.pdf)

Or the Northumberland's Safeguarding Adults Board web pages:

The 10 steps procedural document for Adult Safeguarding can be found at:

[http://www.northumberland.gov.uk/WAMDocuments/C323D23B-5344-417F-86CF-9841E7BDC7D2\\_1\\_0.pdf?nccredirect=1](http://www.northumberland.gov.uk/WAMDocuments/C323D23B-5344-417F-86CF-9841E7BDC7D2_1_0.pdf?nccredirect=1)

## 2.0 Purpose

### 2.1 The purpose of this protocol is to:

- Provide clear guidance for referral for those situations where it may not be clear which Safeguarding Procedures (Adults or Children's) to use
- Develop and improve joint working practices across Children's and Adults' service
- Provide an agreed framework for planning and undertaking the joint assessment of needs and, in more serious cases, of risk under the Mental Health Act 2007, the Care Act 2015 and the Children Act 1989 and 2004. This will, at times, include Approved Mental Health Practitioner Assessment, and/or Child Protection Assessment and will need to take place under the relevant Guidance: e.g. **Working Together to Safeguard Children 2015, the Northumberland SCB Single Assessment Framework, and Care Act 2015.**
- Develop and improve communication and overall co-ordination between services for children/young people and families and adult services to enhance the quality of services provided
- Ensure that children's needs are prioritised and they are safeguarded from abuse and harm, and that adults who may be at risk from harm from children or anyone else are also protected.

## 3.0 Definitions

### 3.1 Child

3.1.1 A **child** is defined in the *Children Acts* 1989 and 2004 as anyone who has not yet reached their 18<sup>th</sup> 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 life chances.

3.1.2 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.

3.1.3 Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 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 abuse, emotional abuse, sexual abuse and neglect.

3.1.4 Different types of abuse are defined in “*Working Together to Safeguard Children*” (2015), as:

- **Physical abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
- **Emotional abuse** is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- **Sexual abuse** Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually

inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

- **Neglect** The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
  - Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
  - Protect a child from physical and emotional harm or danger;
  - Ensure adequate supervision (including the use of inadequate care-givers); or
  - Ensure access to appropriate medical care or treatment.
  - It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## 3.2 Adult at Risk

3.2.1 This Policy is developed in accordance with **The Care Act 2014 which has placed adult safeguarding on a statutory footing and replaces previous guidance in No Secrets 2000**

3.2.2 An adult at risk is defined by The Care Act 2014 as:

A person who

- a. has needs for care and support (whether or not the authority is meeting any of those needs),
- b. is experiencing, or at risk of, abuse or neglect, and
- c. as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

An adult at risk *may* therefore be a person who:

- is elderly and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- is unable to demonstrate the capacity to make a decision and is in need of care and support

This list is not exhaustive and being frail, elderly or having a disability does not mean you are therefore at risk, you could for example, be making an informed choice which others may consider unwise – but it is your choice. Both capacitated

and incapacitated people can be at risk from harm and at risk of duress, pressure or undue influence. The eligibility criteria should not be used in safeguarding decision making.

3.2.3 The Care Act guidance clearly states that Safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high quality care and support;
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- the core duties of the police to prevent and detect crime and to protect life and property.

Under Safeguarding Adult Procedures, an adult requiring a safeguarding investigation does not need to meet the Fair Access to Care eligibility threshold.

### 3.2.4 Local Authority Duties

The Care Act requires that each local authority must:

- make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom;
- set up a Safeguarding Adults Board (SAB)
- arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them
- co-operate with each of its relevant partners in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority

### 3.2.5 Types Of Abuse (adults)

The care Act has introduced Domestic Violence, Modern Slavery and Self Neglect statutorily to the safeguarding portfolio, so the categories of abuse are now:

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

The Joint North Tyneside and Northumberland Safeguarding Adults Policy offers more details about the categories of abuse and can be found at

<http://www.northumberland.gov.uk/Care/Professionals.aspx#informationforsafeguardingadultspractitioners>

## 4.0 Legislative and Policy Framework

### 4.1 The following legislation and policies have provided the framework for this protocol:

- The Children Act 1989
- The Children Act 2004
- Working Together to Safeguard Children 2015
- Northumberland Safeguarding Children Boards Multi-agency Safeguarding Procedures & Practice Guidance
- Northumberland SCB Single Assessment Framework
- The Care Act 2015
- The Safeguarding Vulnerable Groups Act 2006
- Registered Homes Act 1984 & Care Standards Act 2000
- The Public Health Act 1936
- Mental Capacity Act 2005
- Human Rights Act 1998
- Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work 2005 (ADASS)
- Mental Health Act 2007 – **including the** Deprivation of Liberty safeguards
- Disabled Persons Act 1986
- Equality Act 2010

## 5.0 Service Principles

5.1 Central to the development of this protocol is the fact that the provision of appropriate support services to enable parents and carers to carry out their parenting role, thereby reducing the likelihood of difficulties for children in the family. Government guidance states that families should not have to wait until their children are in crisis before parents get support. It is important to assess the needs of all family members and to adopt a whole family approach to assessment. Appropriate plans and services required to meet the assessed needs should be based on the principles listed below.

5.2 Family support also plays an important role in reducing the stress on parents and enhancing their ability to parent effectively. There is growing awareness of the need to ensure that the needs of parents and their children/young people are addressed together and that appropriate plans are made to meet the needs of each of them.

### **NB The Welfare and Safety of the Child is Paramount, Children's Act 1989**

- The welfare and safety of children is paramount
- Early identification of need (including risks) is beneficial to both children/parents/carers
- Children are usually best brought up within their own families and support should be provided to enable this wherever possible
- Under the Human Rights Act 1998, parents have the right to respect for their family life and should be encouraged, empowered and supported in this
- Many parents with mental health problems and/or substance misuse issues and/or disability and/or learning difficulties successfully care for their children with the support of family and friends. It is the behaviour of a parent with these issues that is significant, not their diagnosis
- Children who have one parent/carer who suffer from the above identified issues whose other parent is able to support them can feel overwhelmed with a sense of responsibility for the well-being of both parents, and will have needs, some of which are similar to those of young carers in other, more obvious, caring situations
- Professional activity must be directed to support children/young people and their families and build on the strengths within the family, this needs to be within the framework of protecting children from harm
- There must be inter-agency working across boundaries to ensure multi-agency assessment and planning across services for children/young people and adults, as well as between services for children/young people and between services for adults
- There must be appropriate professional confidentiality and respect for service users and carers, within the context of effective information sharing
- Diversity must be valued and appreciated. Anti-discriminatory practice is embedded in all service engagement
- Service intervention delivered is based on assessed need and risks of both child/young people and parents/carers

- Participation is embedded at the point of service delivery

5.3 Circumstances will arise where staffs are unsure whether adults' or children's safeguarding procedures should be used, for example where alleged victims include both children and adults. For further guidance please consult **Appendix 2 - Guidance to Follow When Considering Which Procedures to Use.**

#### **5.4 Staff working in Adult Services who are concerned about a child**

5.4.1 All staff assessing or working with adults at risk have a duty to consider the needs of any children (including unborn children) living in the same household and / or in their care. In particular, consideration should be given to the impact of the adult's vulnerability on their capacity to care for and safeguard their children, or those living in the household. It is also important to consider the needs of children who may not live in the same household but regularly visit or have contact with, such as grandchildren.

If a member of staff is concerned about a child, advice should be sought from their line manager in the first instance. If their line manager is not available then another appropriate manager (eg Duty Manager or Operational Manager) should be consulted.

5.4.2 **Likelihood of Significant Harm** - If a worker is concerned that a child is suffering or likely to suffer, significant harm, a referral must be made as soon as possible to the Children's Social Care Locality Team for your area.

Alnwick	01665 626830
Ashington	01670 629200
Berwick	01289 334000
Blyth	01670 354316
Cramlington	01670 712925
Hexham	01434 603582
Disabled Children Team	01670 516131
16+ Team	01670 852225

5.4.3 If a professional needs to refer a child who they think is suffering or likely to suffer, immediate significant harm outside of office hours, they should ring the **Emergency Duty Team** (Mon -Thurs 5.00pm to 8.30am, Fri 4.30p.m to Mon 8.30am on **01670 822386**

**In an emergency, ring 999 to contact Northumbria Police**

5.4.4 Following the telephone referral, the worker should confirm their concerns in writing within **24 hours** to the office they made the referral to. This should include information as listed in **Appendix 1: Information required when making a Referral**. If the child has been the subject of an Early Help Assessment (EHA) then a copy, together with a copy of the multi-disciplinary plan, should be attached to the written referral. If the professional does not have a copy, reference to the completed EHA detailing who undertook the assessment and their contact details, if known, should be made in the written confirmation.

5.4.5 Where children have additional needs, but are not at risk of significant harm and there are concerns about the needs of a parent and/or about their parenting and their parenting capacity, the issues will be approached jointly (though not necessarily undertaken jointly) by the appropriate adult services.

5.4.6 There has to be a shared response, i.e. prompt exchange of information and consultation between Adult and Children’s Services’ teams initially about risk and safety for either the parent or child. Different levels of response will be required depending on the urgency or significance of the needs or concerns.

These can be represented as four levels of need/urgency.

<b>Level 4</b>	<b>Child Protection Concerns and/or Urgent Safeguarding Adult Referral</b>	There are explicit and immediate child protection concerns (i.e. urgent care or safety issues) and/or there is an adult in immediate crisis, emergency or adult protection concerns.
<b>Level 3</b>	<b>Child in Need and/or Parenting Concerns or Safeguarding Adult Concern Notification:</b>	Care of child/adult causes concern but does not require an <b>urgent</b> child protection/safeguarding adult response.
<b>Level 2</b>	<b>Issues about Parenting or the Adult, requires assessment of need to identify areas of support required:</b>	There is a need for support to the child and/or service support for the parent/carer
<b>Level 1</b>	<b>No Issues about Parenting</b>	The family is self-supporting. There is no concern about the family

## **Assessment and Planning: Working Together According to Level of Concern/Needs**

Assessment of the whole family may identify unmet need that would not normally meet the criteria of Children or Adult Services. It is well understood and agreed that children and families who receive coordinated early help, from a range of appropriate services, are less likely to develop difficulties that require interventions when problems have become chronic and meet the threshold for statutory assessments under the Children Act 1989 or the Care Act 2015.

Following initial enquiries, it will almost certainly be necessary to undertake an assessment, and staff should work together in the interests of the family. Many families will require support and assistance, especially where there are children under 5 years old. For Children's Social Care such work will be an integral and required part of the **Northumberland SCB Single Assessment Framework**; there is enormous benefit to be gained from sharing concerns regarding particular families; the Child Well-Being Model must be used to inform subsequent assessments. This is also true where children and families fall below the Children Social Care threshold and the **Early Help Assessment** is used.

### **Level 4:**

At the most urgent/severe level of need/concern/risk there will be a joint assessment by both Children & Families and Adult professionals working closely together. Wherever possible they will visit the family together and develop and review plans together. A joint planning meeting and case review will be required, with co-ordination of services thereafter. It may be necessary to convene a Safeguarding Children and/or Safeguarding Adult's Strategy meeting to decide if a Child Protection or Safeguarding Adults Procedure is needed.

### **Level 3:**

Services working with Children and Adult professionals can make joint or separate assessments of needs/concerns by negotiation, but will co-operate to produce a shared/joint view of the situation and to formulate plans of what support is required to address the needs/concerns. If a child is thought to be a Child in Need then a decision will be made within 24 hours as to whether an assessment is appropriate. If it is, then the assessment will be completed within 7 working days. This may identify needs that can be met by specialist services with packages of support. Joint planning with adult professionals at this juncture is critical.

If an assessment is not appropriate, the most relevant agency or the agency who has the most involvement with the family would undertake an Early help Assessment (EHA).

Consideration must be given to how any separate assessments will take place to minimise stress to the family, how their needs will be assessed and when joint planning and co-ordination of service provision is required.

### **Level 2:**

After initial consultation professionals will decide together who can most appropriately assess the needs of the family, e.g. for supportive services for the parent, or family support such as day care. In some cases it will still be necessary to co-ordinate activities/referrals to other services.

It may be appropriate for an EHA to be completed so that joint multi-agency planning can take place around the needs of the child. The Family Support meeting will then bring together Adult agencies and Children's agencies. Any agency can complete the EHA.

### Level 1:

These parents will be assessed as functioning adequately and caring appropriately for their children supported by universal/primary care services and family/friends networks. An EHA may have been completed based on some initial concerns for the child and found that needs have been met. In all cases professionals must ensure that families affected by parental/carer need are receiving support/services, either through primary care/family support or from other services:

- Treatment and care for the parent/carer
- Support for the whole family on an holistic basis, to give them the knowledge and skills to be able to cope as a family
- Listening to children and providing support for them so that they can have a better understanding of the associated issues for their parents/carers in respect of mental health substance misuse and enable the children to reach appropriate milestones through to adulthood
- Protection for children (in extreme cases even separation when parenting is inadequate or abusive)
- Acknowledgement of how much responsibility children are taking or feel they are taking for their parent(s) and/or other family members and support for them in doing this.

In **any** of these cases, however, there may be an adult carer or young carer in need of a separate carer's assessment/support. This should be considered and a referral made to for a carer's assessment either to Adult or Children's Services as appropriate.

In complex cases, where professionals are not able to reach a shared view, a meeting should be held to establish a way forward with the professionals from adult services working with the child. This would most likely be through a Child in Need meeting with Children's and Families if the child is deemed a Child in Need.

5.4.7 Staff in adult services should consult with the child's Social worker (if they have one).

5.4.8 If there is no Social Worker involved, and there are no immediate safeguarding concerns, the worker should contact the EHA helpline to establish if there is an EHA. If one is in place they should contact the Lead Professional. If not, consideration should be given to completing an EHA and a discussion with others who may support this process should take place. **EHA Helpline 01670 629289 or 01670 629273.**

5.4.9 If a parent or a member of the public tells a worker they want to make a referral about a child or children, they should be informed that they should telephone **Children's Social Care Locality Team for their area.**

Alnwick	01665 626830
Ashington	01670 629200
Berwick	01289 334000
Blyth	01670 354316
Cramlington	01670 712925
Hexham	01434 603582
Disabled Children Team	01670 516131
16+ Team	01670 852225

## **5.5 Staff working in Children's Services concerned about an Adult**

5.5.1 All staff assessing and working with children 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 may be at risk of abuse or neglect. In particular staff should undertake an assessment of the adults' capacity to meet the needs of their children (including unborn children) and to safeguard them from harm. Assessment should include any knowledge of adults who may not live in same household, but are regular visitors to the household.

5.5.2 If a member of staff working with children has concerns that an adult is in need of services, or that his/her capacity to provide adequate care to the child is affected by his/her vulnerability, or that the adult may be suffering abuse or exploitation, then advice should be sought from his/her manager in the first instance.

**Referral to Adult Services will be through the single point of contact at Foundry House Call Centre at Bedlington Tel: 01670 536400.**

**Advice about the information required to make a referral is contained in Appendix 1**

The 10 steps procedural document for Adult Safeguarding can be found at:

[http://www.northumberland.gov.uk/WAMDocuments/C323D23B-5344-417F-86CF-9841E7BDC7D2\\_1\\_0.pdf?nccredirect=1](http://www.northumberland.gov.uk/WAMDocuments/C323D23B-5344-417F-86CF-9841E7BDC7D2_1_0.pdf?nccredirect=1)

**Adults with additional needs, but not at risk of significant harm**

5.5.3 Staff in Children's Services who identify an adult with additional needs should contact the single point of contact at **Foundry House, Bedlington Tel: 01670 536400** to pass on this information.

## 5.6 Joint Working

5.6.1 There needs to be a shared responsibility amongst all the professionals involved in working with a family, or individual in order to make effective use of all their knowledge and experience and therefore provide the best standards of care for those involved. Joint working should also guarantee a more thorough assessment, and review process which in turn will ensure that children at risk are identified and safeguarded (through a Child Protection Plan or a Child in Need Plan). Joint working needs to take place in all cases where there are both children and adults at risk in the family. As in all services, early identification of risk and consequent prevention measures promotes the safety of adults at risk.

5.6.2 If there are identified concerns about the safety of a child or adult, there will be a joint planning process initiated through either a joint or shared strategy meeting (as appropriate to the circumstances of the case) at the outset to share information and make immediate plans to safeguard the child or adult.

5.6.3 Adult social care and/or health will lead the care management process **unless** the complexity of the child's needs dictate otherwise, regardless of the source of the referral. It is the responsibility of all agencies to provide a coordinated response to the family.

5.6.4 The assessment of needs will take full account of an adult's parenting role and responsibilities and this will be reflected in the resultant care plan, describing how it is intended to meet those needs. The assessment will be informed by information and advice from relevant specialist professionals and clinicians in both adults and children's services.

5.6.5 The needs of all carers, including young carers, must be recognised. Time consuming and/or inappropriate tasks and responsibilities, which adversely impact upon the child's welfare, should be avoided by providing adequate and accessible support services to the parent and their family.

5.6.6 All formal reviews will be conducted jointly where possible and led by **Adult Social care**, unless the child is subject to a Child Protection Plan, or a Child in Need Plan when the lead service will be **Children's Social Care** but Adult Services will be expected to attend. Reviews will take account of the statutory and mandatory requirements in both Adults' and Children's Services.

5.6.7 It is expected that all involved partner agencies will be fully involved in meetings where the wellbeing of a child or adult is discussed. Other agencies who may become involved as a result of any action that the meeting may decide will also be invited. These meetings will include Child in Need meetings, Child Protection or Safeguarding Adult meetings.

## **5.7 Case Responsibility**

- 5.7.1 Responsibility for case management of each child or adult should remain with the relevant child or adult key worker and each agency should maintain its own files. Social Workers and other professionals should be expected to share relevant reports etc (where this is compatible with Data Protection Legislation) and ensure these are placed securely on file.
- 5.7.2 In the case of care plans being developed for both a child and their parent/carer, they should be developed jointly and with the involvement of the family, and advocate if applicable. Once the draft plans are in place, a meeting to ensure that one 'holistic' care plan for the family, incorporating the needs of both the parent(s) and the child(ren), is in place and this will be jointly reviewed.

## **5.8 Communication and Liaison**

- 5.8.1 Any issues of practice or communication that arise between agencies should initially try to be resolved between them. If this is not possible, the [resolution protocols](#) should be applied. If there is a failure to resolve issue through this means, referral should be made to the Safeguarding Business Manager for Northumberland Safeguarding Children Board on 01670 624 037 and/or the Safeguarding Manager for Northumberland Safeguarding Adults Board on 01670 622672

## **5.9 Information Sharing and Confidentiality**

- 5.9.1 There is a statutory duty for professionals to share information, where there are concerns about the safety or wellbeing of a child or adult at risk. This will sometimes mean sharing information without prior consent of that adult. Where possible, good practice is to work in partnership with parents/carers, and gain their consent to share information. However, in child protection situations, the child's need for safety is paramount. As long as disclosure to the parents is not likely to increase the risk, the parents should be informed in advance that information is to be shared will all relevant professionals.

NB See also the Information Sharing Document available via Adult Safeguarding Board at <http://www.northumberland.gov.uk/Care/Professionals.aspx#informationforsafeguardingadultspractitioners>

- 5.9.2 However, where a child is the subject of formal child protection enquiries and where it is considered that to inform the parents/carers at that stage would put the child at greater risk, information must be shared with the relevant professionals, before deciding when and what information is provided to the parent/carer. It is the responsibility of the children's Social Worker, with his/her Team Manager (potentially in liaison with Northumbria Police) to consider these issues and to decide when a parent needs to be told about any formal child protection enquiries.

- 5.9.3 It is the responsibility of all other professionals working with the family to share information with the child's social worker, when requested to do so as part of a child protection enquiry.
- 5.9.4 Adult workers/managers should explain this to parents as part of their work with them, so that they are clear that information relating to the safety and protection of the child cannot be kept confidential. This will include information about the adults' functioning in so far as it impacts on the child. If the adult worker/manager is not clear whether the child is a 'child in need' or a child about whom there are child protection concerns, this should be discussed with the child's social worker or the Children's Services Manager.
- 5.9.5 If a children's worker becomes concerned about an adult's ability to care for themselves or their dependents, then the worker should liaise with other services, as appropriate. This may be their GP, social worker, health care worker etc. Advice about involvements can be sought from the Single Point of Contact at Foundry House, Tel: 01670 536400.
- 5.9.6 Information about an adult at risk can be shared without the adult's consent, provided certain conditions are satisfied and the information is shared for the purposes of safeguarding the adult or others who may be at risk, however, consent should always be sought where applicable. The reasons for this decision should be clearly recorded (See Information Sharing Policy referred to above at 5.6.1).

## 6.0 References

*Biennial analysis of the impact of Serious Case Reviews 2005 – 2007, 2009*

Brandon, Bailey, Beldeson, Gardener, Sidebotham, Dodsworth, Warren and Black

*Department for Children, Schools and Families*

[https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR129\(R\).PDF](https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR129(R).PDF)

*Department for Education*

[\*New learning from serious case reviews: a 2-year report for 2009 to 2011\*](#)

Ref: DFE-RR226 PDF, 1.17MB, 164 pages

*The Children Act 1989*

[http://www.opsi.gov.uk/Acts/acts2004/ukpga\\_19890041\\_en\\_1.htm](http://www.opsi.gov.uk/Acts/acts2004/ukpga_19890041_en_1.htm)

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*The Care Act 2014*

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

*The Framework for the Assessment of Children in Need and their Families Department of Health  
2000*

*Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work*

<http://www.adss.org.uk/publications/guidance/safeguarding.pdf>

*Transition of young people with physical disabilities or chronic illnesses from children's to adult's services (2005) SCIE research briefing 4:*

[www.scie.org.uk/publications/briefings/briefing04/index.asp](http://www.scie.org.uk/publications/briefings/briefing04/index.asp)

*Working Together to Safeguard Children 2013*

<http://www.workingtogetheronline.co.uk/index.html>

<http://www.workingtogetheronline.co.uk/documents/Working%20TogetherFINAL.pdf>

## 7.0 Appendix 1

### Information required when making a Referral to the Children's Services

The referrer should have as much of the following information as possible prior to making a referral. However **gaps in essential information should not result in a delay in making a referral.**

#### 1. Essential information:

- full names and dates of birth of the child, caregivers and any other family members
- address and daytime contact telephone number for parents/caregivers
- the child's full address and telephone number
- full name, date of birth and address of any suspected abuser
- current location of child and suspected abuser
- child and family's first language
- reason for referral, including description of any injuries observed, (photographs of the injuries should only be taken by police or medical staff as part of a Section 47 enquiry), details of any allegations made, discussions with the child or relevant others, details of any witnesses. Include dates/times/locations of alleged incidents.
- action taken and people contacted since the concern arose
- any immediate or impending danger to the child
- special needs of the child and parents/caregivers, including a need for an interpreter, signer or communication therapist
- if known, the name of the lead professional
- the outcome of checking the list of children who have a child protection plan.

## **2. Additional useful information you might include in your referral:**

- addresses of family members or other significant people not living in the household
- previous addresses of the family
- information regarding contact between any alleged abuser and other children, i.e. in a work, community, extended family or other settings
- schools, nurseries, etc. attended by the child and other children in the household
- name, address and telephone number of GP
- name, address and telephone number of health visitor/school nurse
- hospital ward, consultant, named nurse, and date admitted/discharged
- name/address/telephone number of other professionals involved with the family
- child's legal status (e.g. residence order, care order) and details of anyone not already mentioned who has parental responsibility (unmarried fathers whose details are on the birth certificates of children born after 1<sup>st</sup> December 2003 share equal parental responsibility with the child's mother)
- ethnic origin, religion, cultural background
- whether adults at risk are present in the household – if so are they the subject of Safeguarding Adults Procedures
- if known, previous concerns and any relevant background information i.e.
  - the child's developmental needs
  - the parents or caregivers capacity to respond to those needs
  - the wider family and environmental factors and
  - any opinion you have formed about how the child and family are likely to react to the referral and any subsequent Section 47 enquiries, including in particular any factors which are likely to place the child or others at risk (e.g. where there is domestic abuse, a history of violent behaviour, chaotic substance misuse or adults with unstable mental ill health problems).

### **Information required to make a referral to adult services:**

- Full name (including aliases, maiden/married names)
- Date of Birth
- Address
- Telephone number
- GP (if known)
- Carer details including contact information (if known)
- Any known needs of the person (eg mental health, substance misuse, learning disability, dementia etc)

If making a safeguarding referral – include

- the nature of abuse being alleged,
- the perpetrator (if known),
- where the abuse has occurred,
- capacity of the person to protect themselves,
- whether consent has been given for referral

## 8.0 Appendix 2: Guidance to Follow When Considering Which Procedures to Use

Situation	Procedure to Follow	Action required
1. Alleged victim 18+ and alleged perpetrator 18+	Safeguarding Adults Procedures	
2. Alleged Victim under 18 years of age and alleged perpetrator under 18 years of age	Northumberland Safeguarding Children Board Safeguarding Children Procedures	
3. Alleged victim 18+ and alleged perpetrator under 18 years of age	Safeguarding Adults Procedures	Identified Safeguarding Manager (Adults) to contact Children's Services Social Care to discuss Children's Services representation at Safeguarding Adults Strategy Meeting  Ensure representation at management level from Children's Services as appropriate. For example: Leaving Care Service, Children's Social Work, Disabled Children Service, , Fostering Service, Children's Home
4. Alleged victim under 18 years of age and alleged perpetrator 18+	Northumberland Safeguarding Children Board Safeguarding Children Procedures	Children's Services Social Worker to contact Adult Services Team via the Contact Foundry House Tel 01670 536400 for representation and/or advice.
5. Alleged victim 18+ but discloses abuse occurred when under 18 years of age	Northumberland Safeguarding Children Board Safeguarding Children and/or Safeguarding Adults Procedures	Discuss and agree between Safeguarding Adults Strategic Manager and Children's Services Manager as to the best course of action to take based on the specific details of the situation
6. Asylum Seekers where age of child/young person is not known	The service that first identifies the need would lead and follow their procedures. If during the course of the enquiry the accurate age is	The service that first identifies the need would lead and contact the other adult/children's services as necessary to ensure their involvement.

Situation	Procedure to Follow	Action required
	identified then referral to the correct procedures should be made if necessary.	
7. Alleged victims include both children and adults	Northumberland Safeguarding Children Board Safeguarding Children and/or Safeguarding Adults Procedures	Discuss and agree between Safeguarding Adults Strategic Manager, Children's Services Manager as to the best course of action to take based on the specific details of the case.
8. Looked After Children who become 18 and services put in place to support them leave them at risk	Safeguarding Adults Procedures	Identified Safeguarding Manager (Adults) to contact Children's Services Manager to identify relevant contribution from Children's Services, as appropriate.
9. Children under the age of 18 who are subject of a Child Protection Plan and are transferring to Adult Services		See current Northumberland Safeguarding Children Board Safeguarding Children Procedures/Safeguarding Adults Procedures
10. Notification made to Safeguarding Adults which indicates there are safeguarding children issues		Refer child to Children's Services Locality Team for child's home area.
11. Referral made to Children's Services which indicates there are safeguarding adult issues		Contact Single Point of Contact for Adult Services at Foundry House Tel 01670 536400

Department	Address	Website	Telephone
<b>Adult Services Referrals</b>	<i>Single Point of Contact Foundary House Stead Lane Bedlington NE22 5HS</i>		01670 536400 Fax: 01670 536830
<b>Emergency Duty Team</b>			01670 822386
<b>Northumberland's Safeguarding Adults Board</b>		<a href="http://www.northumberland.gov.uk/default.aspx?page=9644">www.northumberland.gov.uk/default.aspx?page=9644</a>	
Department	Address	Website	Telephone
<b>Children's Services Referrals Children's Services Locality Offices</b>			
<b>Alnwick</b>	Alnwick		01665 626830
<b>Ashington</b>	Ashington		01670 815060
<b>Bedlington</b>	Bedlington		01670 536800
<b>Berwick</b>	Berwick		01289 334000
<b>Blyth</b>	Blyth		01670 354316
<b>Cramlington</b>	Cramlington		01670 712925
<b>Hexham</b>	Hexham		01434 603582
<b>Emergency Duty Team</b>			01670 822386
Department	Address	Website	Telephone
<b>Northumberland's Safeguarding Children's Board</b>		<a href="http://www.northumberland.gov.uk/Children/Safeguarding.aspx">http://www.northumberland.gov.uk/Children/Safeguarding.aspx</a>	
<b>EHA Helpline</b>			01670 629289 01670 629273