

**Raising Concerns about a Vulnerable Child or Adult at Risk
Joint Protocol for Children's Services and Adult Care**

Title:	Raising Concerns about a Vulnerable Child or Adult at Risk
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Contents

1.	Scope	2
2.	Introduction	3
3.	Purpose	4
4.	Joint working	4
5.	Families	5
6.	Transitions from Children's Services to Adult Care.....	5
7.	Safeguarding	6
8.	Confidentiality & information sharing	7
9.	Communication and liaison.....	8
10.	Referral and assessment	9
11.	Case responsibility, reviews, & case closure.....	10
12.	Finance	11
13.	Supervision and training	11
	Appendix 1 – Worker Referral - Process Flowchart.....	12

1. Scope

- 1.1. This protocol sets out the agreed expectations and responsibilities of Children's Services and Adult Care when working with individuals or whole families who are likely to require the support of more than one service.
- 1.2. Children and adults at risk may be at greater risk of harm or be in need of additional help in families where there are mental health problems, misuse of substances or alcohol, violent relationships, complex needs, or learning difficulties ([Working Together to Safeguard Children 2013](#)).

2. Introduction

- 2.1. In the context of this protocol, 'parent/carers' includes anyone who has access to the child, for example, members of the extended family and friends or acquaintances.

The term 'children' refers to those aged 0-18 years of age, and unborn babies. 'Children' therefore means children and young people.

The term 'adult at risk' refers to an adult aged 18 years or over who is or may be in need of community care services by reason of mental health, age or illness, and who is or may be unable to take care of themselves, or protect themselves against significant harm or exploitation.

The Children Act 1989 introduced 'Significant Harm' as the threshold that justifies compulsory intervention in family life in the best interests of children. [Physical Abuse](#), [Sexual Abuse](#), [Emotional Abuse](#) and [Neglect](#) are all categories of Significant Harm. There are no absolute criteria on which to rely when judging what constitutes significant harm. In relation to adults, significant harm is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

A 'worker' is anyone employed by Lincolnshire Children's Services and Adult Care, who works with or comes into contact with a child or adult at risk.

- 2.2. There are many situations where children may be living with or regularly having contact with adults at risk. Adults' or Children's workers may become concerned about children or adults at risk in the household, extended family, or neighbourhood, for example. In order to safeguard both children and adults at risk in such situations, it is essential that Children's Services and Adult Care work together effectively.
- 2.3. The presence of additional vulnerabilities for adults as parents/carers does not preclude the possibility of good parenting. The emphasis must be in recognising the importance of working together towards assessment, care planning and service delivery for the whole family.
- 2.4. Adults at risk may also be susceptible to abuse from other adults and from children. A young person who is considered vulnerable will, therefore, become an adult at risk on their 18th birthday. Effective and timely referrals between all Adult Care and Children's Services in Lincolnshire, including transition, are essential.
- 2.5. The child's needs and safety are paramount and, in the event of concerns about a child's safety, the [Lincolnshire Safeguarding Children Board \(LSCB\) procedures](#) must be followed.
- 2.6. Under adult safeguarding procedures, an adult requiring a safeguarding investigation does not need to meet the Adults' Eligibility threshold.

- 2.7. This protocol provides guidance for professionals working in Adult Care and Children's Services about raising a concern regarding a vulnerable child or adult at risk. It should be read in conjunction with other specific protocols, which include [substance and alcohol misuse](#), [mental health problems](#), and [domestic abuse](#), which can be located on Lincolnshire Safeguarding Children Board procedures manual ([LSCB](#)). Workers from Children's Services and Adult Care should also refer to the Working with Parents with a Disability protocol for further information and to the [Lincolnshire Safeguarding Multi-Agency Policy and Procedure for Adult Care](#).

3. Purpose

- 3.1. The purpose of this protocol is to:
- provide a clear framework for referral, assessment and on-going work with families where there are concerns about adults at risk and children;
 - develop and improve joint working practices across Children's Services and Adult Care, including appropriate information sharing; and
 - ensure that the needs of children and adults at risk are met, while safeguarding them from abuse and harm.
- 3.2. The key practice points of this protocol are that:
- all assessment identify and clearly record where there are vulnerable children or adults at risk who are linked to the person being assessed, either in relationship or proximity
 - referrals are made to Children's Services or Adult Care to raise concerns identified
 - Children's Services and Adult Care work effectively together, to support the whole family.

4. Joint working

- 4.1. In recent years, national policy has moved towards the needs of the family being assessed and addressed as a whole, with due regard for the safety of adults and children. Good outcomes are achieved and risk is reduced through timely, effective interagency collaboration and flexible joint working across services and interfaces. Joint working needs to take place in all cases where there are both children and adults at risk in the family.
- 4.2. In order to maximise the support available to families and to utilise the skills and knowledge of colleagues, responsibility needs to be shared by all the professionals involved in working with a family or individual. Mechanisms for informal consultation and advice across services should be available, even where cases do not meet eligibility criteria and aren't allocated within a service.
- 4.3. To reflect the proposals and reforms within the Children's and Families Bill, which aims to extend the Special Education Needs (SEN) system from birth to 25, Social Care, Education and Health will be required to work together to review and commission services jointly.

5. Families

- 5.1. All families are different, and there is no one perfect way to raise children. Stereotypes and prejudices about differing family patterns, lifestyles and child-rearing practices must not influence assessments.
- 5.2. Substance or alcohol misuse, mental health issues, learning or physical disabilities do not automatically place someone at risk of abuse, neglect or harm. All social care workers should be mindful of how their approach and preconceptions can impact on a person's ability to engage with them.
- 5.3. The needs of all carers, including young carers, should be recognised. Time consuming, unsafe and inappropriate tasks and responsibilities, which adversely impact upon the carer's welfare, should be avoided by providing adequate and accessible support services to the cared for and their family.
- 5.4. Most joint working will be about working with the families to ensure they receive the support and services required. It is important not to assume that families are aware of support services available to them.

6. Transitions from Children's Services to Adult Care

- 6.1. For young people and their families, transition from Children's Services to Adult Care signifies a major change in service provision. Both the planning process and the move to Adult Care can be complicated and stressful. This is particularly a reflection of experiences of those young people who are vulnerable, or those with special educational needs and learning disabilities. One key aspect of transition to adulthood is about legally becoming an adult and equipping the young person with the necessary skills to maximise opportunities for independent living.
- 6.2. It is essential that transition planning is undertaken in a timely manner; beginning at age 14 years (Year 9). The process should be holistic and include education, employment, social opportunities, and health and life skills. A person centred approach to transitions should ensure that the voice of the young person and their parents/carers is central to the process. Their views, wishes and aspirations should be promoted at all times. Information required to help young people and their families in transition planning should be made available to enable them to make informed decisions. This is particularly relevant to changes in service provision from Children's Services to Adult Care.
- 6.3. Children's Services and Adult Care should work in partnership, using a multi-agency approach, from the outset of the transition. Joint working, the coordination of services and professional expertise can only serve to improve the outcomes for those young people in transition. It will enable any outstanding concerns and barriers to accessing services to be addressed appropriately, providing a seamless transition to adulthood. Those young people who have multi-agency service provision, for example, those in receipt of continuing

healthcare funding, will need to be aware of how the transition to Adult Care may affect services they receive.

- 6.4. Safeguarding concerns around a young person, who is in transition, should be referred to Children's Services.

7. Safeguarding

- 7.1. "[Safeguarding children](#) [and adults at risk] – The action we take to promote the welfare of children [and adults at risk] and protect them from harm – is everyone's responsibility. Everyone who comes into contact with children and families has a role to play" ([Working Together to Safeguard Children](#), 2013).
- 7.2. All social care workers need to be alert to the possibility of harm, neglect or abuse to children and adults at risk. A quick response to low level problems, such as an early discussion, referral or joint assessment, may prevent more serious harm, abuse or neglect.
- 7.3. [Significant Harm](#) can occur as a result of immediate risks or the cumulative impact over time.
- 7.4. If a service user expresses delusional beliefs involving their child and/or they may harm the child as part of a suicide plan, a referral to Children's Services must be made immediately. If a worker feels that a person may be at risk from an untreated psychosis they must alert the GP so the GP can arrange a mental health assessment.
- 7.5. Where there is cause to suspect a child or adult at risk is suffering or likely to suffer significant harm, the relevant safeguarding procedures must be followed. A telephone referral must be made as soon as possible to [Children's \(01522 782111\) or Adults' \(01522 782155\) Customer Service Centres](#), followed by a written referral within 24 hours.
- 7.6. The safeguarding team who receives the safeguarding referral has a responsibility to ensure the details are taken and the referral is processed in accordance with [Lincolnshire Safeguarding Children Board Procedures](#) and [Lincolnshire Safeguarding Adults' Board Policy and Procedures](#).
- 7.7. Where concerns are identified about the safety of a child or adult, and both Adult Care and Children's Services are involved, they, with the appropriate safeguarding team, must have a joint planning or initial strategy meeting at the outset, to share information and make immediate plans to safeguard the child or adult.

8. Confidentiality & information sharing

- 8.1. Good information sharing is a crucial element of successful interagency working.
- 8.2. The data protection law should not be used as a barrier to appropriate information sharing between professionals, particularly where there may be a risk of harm to children or adults.
- 8.3. Shared information should be accurate and up to date, proportionate and necessary for the purpose for which it is shared. It must only be shared with those who need to have it. The information must be shared securely and in a timely way. If in doubt, advice can be sought without disclosing the identity of the person.
- 8.4. 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. Information about a person at risk can (and should) be shared without consent, provided certain conditions are satisfied and the information is shared for the purposes of safeguarding the person or others who may be at risk.
- 8.5. Where a child is the subject of a child protection investigation and there is concern that informing the parents or carers 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 parents or carers. It is the responsibility of the child's Social Worker and their team manager to inform the Adults' worker and Caldicott Guardian of any restriction on information sharing.
- 8.6. At the start of Adult Care's involvement with a family, the Adults' worker should explain to parents that the Adults' worker must share any information with the child's key worker, if they are requested to do so as part of any on-going or future child protection investigation.
- 8.7. Unless doing so would place the person at increased risk of significant harm, workers should discuss concerns with the person and their family, seek their agreement to make a referral to Adult Care or Children's Services and gain their consent to information being shared with relevant third parties.
- 8.8. A child can only give consent if the worker believes they fully understand the issues and are able to make an informed decision. If not, the person who holds parental responsibility must make the decision.
- 8.9. Where a 2 stage capacity assessment has been completed and the adult does not have the capacity to give consent for themselves, consent should be sought from the Decision Maker. Further guidance should be sought from the Mental Capacity procedures and guidance.
- 8.10. Consent or the refusal to give consent to information sharing must always be recorded.

9. Communication and liaison

- 9.1. Communication and liaison is paramount where a family requires support from both Children's Services and Adult Care.
- 9.2. If it is established that there is current involvement or involvement within the past year from children's or adult services, details of the new involvement should be passed to the relevant service's team for their information. Workers should search under the child's or adult's record to establish service involvement, and contact the identified key worker directly.
- 9.3. If a Children's worker becomes concerned about an adult's ability to care for themselves or their dependents, and Adult Care is not already involved, the worker should make a referral by contacting the Adults' Customer Service Centre (CSC).
- 9.4. If an Adult's worker feels Children's Services' involvement is required, they should make a referral by contacting the Children's Customer Service Centre (CSC). Adults' workers should consider if the unborn baby, infant, child or young person appears to be healthy, safe from harm, learning and developing, having a positive impact on others, and free from the negative impact of poverty.
- 9.5. Adult Care and Children's Services are expected to maintain regular communication by telephone, email or letter, particularly if there are any concerns or changes in the situation. Each service retains responsibility to maintain its own files.
- 9.6. Where possible, workers should copy in the receiving worker's line manager when communicating by email, to prevent information being missed should the receiving worker be away from the office. Communication by telephone should be confirmed by email or by case notes shared through the electronic recording systems wherever possible.
- 9.7. Workers must ensure that all case notes shared between Adult Care and Children's Services are concise, relevant to the person, and entitled in the Headline as "Joint Children's & Adults". They must take care not to include irrelevant information, e.g. copying entire emails.
- 9.8. The adult's and child's key worker must ensure the other has all relevant contact details for them, including any changes to that information, i.e. change of key worker, phone number, office address.
- 9.9. It is essential that good working relationships exist between professionals and that any potential for misunderstandings and tension is recognised and addressed as early as possible. Differences of opinion should be resolved informally in the first instance. If resolution is not possible, the matter should be referred to the relevant line managers for discussion.
- 9.10. If either service feels that action being taken, or omitted, is placing a child or adult at risk of significant harm, the matter should be referred to the relevant safeguarding team.

10. Referral and assessment

- 10.1. Children's workers should routinely record whether a parent has additional vulnerabilities which may affect their parental ability, and which agencies are working with them.
- 10.2. Where Adults' workers are aware of children living in the same building as, or having regular contact with service users, and have concerns about the child, they should try to gain as much information about the child as is feasible and proportionate. Where possible, this should include the child's name, address, date of birth, name of the person with parental responsibility, relationship with the service user, other information which may prove helpful to providing the most effective support to the child. Naturally, workers should consider the circumstance and decide on the most appropriate course of action, which may be to discuss the details of their concern with Children's Services without any other information.
- 10.3. Consideration must be given to the potential risks to unborn babies, including significant learning difficulties in adults, a history of mental health problems, current or past substance misuse, or a history of domestic abuse.
- 10.4. Workers should be alert to problems which may affect children or adults at risk, including alcohol or substance misuse, mental health problems, domestic violence, parents with learning or physical disabilities or who are experiencing homelessness.
- 10.5. Where there are concerns, all new referrals should be made through the Adults' or Children's Customer Service Centre, as relevant.
- 10.6. All communications about concerns must be recorded, whether they trigger an assessment or not.
- 10.7. Additionally, if the concern is in relation to the case currently being worked on - for example, if the concern is about the relationship between a service user and an adult at risk who was previously unknown to the service - this should be recorded on the service user's record as well as a new contact created for the adult at risk.
- 10.8. Children's CSC may need to complete a [Service Request Form](#) with the worker if the referral is for targeted support. The worker should not delay contacting CSC if all the information is not available. The CSC will forward the service request to the relevant team within Children's Services and, where appropriate, a Single Assessment will be completed for the family. The latest version of the assessment can be found on www.lincolnshire.gov.uk/TAC. Please refer to the [Meeting the Needs of Children in Lincolnshire guidance](#) document for an overview of the continuum of needs of all children and the thresholds and referral pathways for each level.
- 10.9. Information should be passed to the [Emergency Duty Team](#) if it is outside of office hours and action will be required before office hours resume.
- 10.10. Once a referral is made between Adult Care and Children's Services, the two services should communicate as early as possible to establish the outcome of the referral, progress made

and any additional needs that have arisen within the family. The receiving service must contact the referrer to arrange this.

10.11. Both services must provide a coordinated response, and an initial decision must be made as to whether Adult Care or Children's Services will lead the assessment process. It is expected that other agencies will co-operate with the lead assessor.

10.12. Throughout the process, there must be:

- sharing of information with the parents or carers, unless this would put the person in danger or compromise a child protection investigation;
- clear communication between the services;
- joint sharing and recording of individual assessments and relevant information;
- joint planning for on-going work and provision of services; and
- a clear indication, reported on the case records, as to how, when and by whom the plan will be reviewed.

10.13 Please refer to [Appendix 1 Worker Referral – Process Flowchart](#) for information on the referral process.

11. Case responsibility, reviews, & case closure

11.1. All changes in circumstance which may impact on the support required must be shared between services at the earliest possible opportunity.

11.2. No major decision should be made without the consultation of the other key agencies unless urgency requires it and if consultation would cause unhelpful delay, in which case they should be informed as soon as possible.

11.3. If appropriate and practical, it is good practice to arrange joint visits as part of an agreed plan. Otherwise, visits should be co-ordinated to ensure families are seen regularly.

11.4. Children's Services and Adult Care are expected to give priority to attendance at any joint meetings. If a key worker is unable to attend they should provide a report and, if possible, send a representative.

11.5. The health visitor should be invited to all care planning meetings where a service user has a child under the age of five years, whether or not, the child is known to Children's Services.

11.6. Where care plans, including contingency, are being developed for both a child and an adult, they should be developed jointly and with the involvement of the family and advocate, if applicable.

11.7. Written documentation or minutes must be sent to all professionals involved and put on the respective case files.

- 11.8. If one service plans to close a case which is open to or has been brought to the attention of both Adult Care and Children's Services, they should convene a planning meeting to outline the reasons for closure, identify any discharge plan, aftercare support and alternative support systems that will be in place, and agree actions that should be taken in the event of further concerns.

12. Finance

- 12.1. The financial implications of providing services should not be a barrier to providing support to families in a timely way. Decisions about resources must not delay or prejudice decisions about meeting families' needs. Arrangements should be in place to ensure this as follows:
- Financial responsibility is held by Adult Services where an adult has been assessed as eligible due to their individual needs, including supporting their parenting role.
 - Financial responsibility is held by Children's Services where children are assessed as being 'in need' or where there are safeguarding concerns.
 - Where adults and children are both assessed as having eligible needs, financial responsibility is shared.
- 12.2. Funding for services previously provided to the adult, child or family should not be affected by this protocol.
- 12.3. Further guidance should be sought from the financial policies and procedures.

13. Supervision and training

- 13.1. Working with families with complex needs requires significant knowledge and skills.
- 13.2. It is expected that all workers will have completed safeguarding training relevant to their sector: [LSAB Workforce Development, Learning and Development](#). Additionally, workers who have direct contact with children will be expected to have carried out the safeguarding training relevant to Children's Services: [LSCB Training](#).
- 13.3. Managers allocating and supervising cases where Children's Services and Adult Care need to be jointly involved should ensure those they manage are aware of this protocol, understand what is required of them, and are given the opportunity to critically reflect on their work and its impact on the families.
- 13.4. Workers should identify those on their caseload who are part of a family, and regularly consider the need to joint work with other agencies to ensure coordination of services and support. Decisions and plans in respect of this consideration should be clearly recorded in supervision case notes.

Appendix 1 – Worker Referral - Process Flowchart

