

Hampshire and Isle of Wight Safeguarding Boards

4LSCB and 4LSAB Proposal for

A Whole Family Approach Protocol and Online Resource Centre

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1	Introduction This paper outlines a proposal to develop a 4LSAB and 4LSCB a 'Whole Family Approach' Protocol and online resource centre for practitioners and managers.
2	Background This proposal follows discussions between the 4 Local Safeguarding Children Boards (4LSCBs) and the 4 Local Safeguarding Adults Boards (4LSABs) across Pan-Hampshire. A number of the LSCBs and LSABs have similar or overlapping strategic priorities and actions in their current Business Plans and it seems pragmatic to consider how we may work together to achieve common goals. It is important to highlight that the need for a 'Family Approach' is a recurring theme in both child and adult statutory reviews, and, that a recommendation has been given in an IOW Serious Case Review (SCR) to develop a 'Family Approach' protocol in partnership with the IOW LSAB. An initial scoping meeting was held with representatives from each of the Boards to agree a way forward. Whilst it was agreed that a whole family approach protocol would be an important document to outline the collective understanding, responsibilities and accountabilities across multi-agency partners, it was acknowledged that front line professionals have limited time to read protocols, policies and guidance and that those in place already can be too long and difficult to identify the salient points. The group agreed that anything that is produced as part of

	<p>'a whole family approach' would need to have direct benefit to practitioners working with vulnerable adults and children and their families.</p>
	<p>Project Proposal</p> <p>It is suggested that a high level Protocol be developed which defines what is meant by 'a whole family approach' which outlines a set of principles that respective Safeguarding Boards, multi-agency partners and front line professionals can commit to. A draft protocol is included here for the Boards to review.</p> <p>This protocol will be supported by practical information, guides and tools that would be of value to frontline professionals. The intention is to build an online resource library / toolkit that holds all the information in one place and acts as a central portal for staff to access. Information could include:</p> <ul style="list-style-type: none"> • Checklists and prompts for staff working with children and vulnerable adults. Examples of these are contained at the back of the draft protocol. • A shared resource library with links to quick briefing guides, and relevant local policies and procedures for both children and adults. • Referral pathways and threshold charts for children and adults in each area. • A section on Adverse Childhood Experiences (ACEs). This was requested by the Hampshire Safeguarding Children Board during their recent business planning session. • A section including a protocol for children of parents with Learning Disabilities. This work had already started across the 4LSCBs in response to learning highlighted following recent CQC inspections in Portsmouth. Given the clear links with 'a whole family approach' this information would sit well as a strand of activity. • A section on vulnerability factors impacting on adults with care and support needs and their ability to protect themselves from abuse, neglect and exploitation. • A section on mental capacity and explanation of the five key principles of the Mental Capacity Act 2005 in which the adult (16 years +) is assumed to have capacity and, therefore, be able to make their own decisions (even

	<p>unwise ones). Practice must be in accordance with the MCA Code of Practice.</p> <p>To inform this further, the group proposes to seek views from staff in both the Children’s and Adults workforces to ascertain what key tools professionals feel would help them in their work with vulnerable adults and children and their families.</p> <p>Other elements could be added to this to support professionals in their work. It is suggested that leads be assigned for different work streams that can be developed in tandem, drawing on expertise and resource from the membership of the different Boards. For ease of access, an online resource would be best hosted on one web platform and signposted to from the LSCB and LSAB websites. Content would need to be developed from all Boards.</p>
	<p>Recommendations</p> <p>The 4LSCB /4LSAB Boards are invited to:</p> <ul style="list-style-type: none"> - Consider the proposal for A Whole Family Approach and agree whether it will proceed as a Pan-Hampshire project. - Provide comments where appropriate on the suggested draft protocol below. - Consider any additional information that would be of value to managers and practitioners in their work.

4LSAB and 4LSCB Whole Family Approach Protocol

1. Purpose of the Protocol

This Protocol has been commissioned by the 4 Safeguarding Children Boards (4LSCBs) and 4 Safeguarding Adult Boards (4LSABs) in Hampshire, Isle of Wight, Portsmouth and Southampton in response to findings from reviews of serious cases which highlight the need to work together better to achieve better outcomes for adults, children and their families across both areas.

The Protocol requires that practitioners, managers and services working with either adults at risk and / or children work together to safeguarding children, adults, carers and families. Responses should be person centred and designed around the needs and wishes of the person with a focus on actively encouraging them to engage and participate in the support offered or provided. This will ensure they experience help and support that is both joined up and effective, which will in turn achieve better outcomes.

The person centred approach reflects the core values and practice which are understood to be valued by service users. It is an approach which recognises the person as an expert in their own life and the importance of being able to participate as fully as possible in decision making. Core values include:

- “No decision about me, without me”
- Information, advice and advocacy
- Holistic approach
- Flexibility
- Person-centred support
- Professionals who listen /communicate well while displaying warmth and respect.

This shared responsibility must be at the heart of practice across all partner agencies of the 4LSAB and 4LSCBs.

2. Scope

This Protocol applies to any partner organisation working with adults at risk and children and their families in and across Pan-Hampshire. Partners should note that the likelihood of the risk and harm to children and an adult at risk increases when they live with a family member with one of the following vulnerability factors:

- Domestic abuse
- Parental/familial mental ill-health
- Learning disabilities
- Substance misuse.

A protective factor can be defined as “a characteristic at the biological, psychological, family, or community (including peers and culture) level that is associated with a lower likelihood of problem

outcomes or that reduces the negative impact of a risk factor on problem outcomes.”¹ A non-affected partner can be a protective factor. It should be emphasised that a child should not be considered to be a protective factor for an adult on the basis that they are not able to impact on risk or outcomes.

Partners should note that there are a range of vulnerability factors which may impact on an adult at risk and their ability to protect themselves from harm. These include:

- Loneliness, social isolation, limited social contacts and living alone
- No family, no friends, visitors or professionals to tell
- Poor health or disability
- Dependence on others to meet vital care needs, lack of suitable alternative accommodation
- Mental frailty – poor memory, lack of or fluctuating capacity, medication effects, depression
- Tolerance of abuse by other vulnerable adults
- Low expectations of families and service users about the quality of care they’re entitled to.
- Barriers to reporting – powerlessness, dependence on others, fear of consequences of speaking out
- Fear of loss of relationships

The protocol should be used by:

- Practitioners and their managers;
- Commissioners;
- Organisations working with adults at risk and children and their families;
- Members of the 4LSABs and 4LSCBs.

3. Definition

A Whole Family Approach is one that secures better outcomes for adults, children and families with additional needs by co-ordinating the support they receive from Adult and Children and Family Services. The support provided by these services should be focused on problems affecting the whole family as this is the only effective way of working with families experiencing the most significant problems.

4. Why is it important to work with a Whole Family Approach?

Research and data show that many families face multiple, entrenched and serious problems that will have a serious impact on the children and adults within the family. Research suggests that a multi-agency, ‘whole family approach’ can be effective in helping families, even for those who have not benefited from traditional service approaches. This can be for a variety of reasons;

¹ O’Connell, Boat, & Warner, 2009 p. xxvii

- Multi-agency, flexible and coordinated services, with an underpinning ‘think family’ ethos, are most effective in improving outcomes. This includes staff in adults’ services being able to identify children’s needs, and staff in children’s services being able to recognise needs of vulnerable adults’. Such services are viewed positively by families and professionals alike.
- Early intervention prevents problems becoming entrenched; the practical help, advice and emotional support can often be given without referral to specialist services. People also prefer an informal approach.
- In order to access services, people must feel reassured that they are not being judged or stigmatised, and be helped to overcome their fears of having their children removed.

5. Whole Family Approach Principles for Successful Partnership Working

Successful partnership working puts the adult, children and families at the centre. It recognises the importance of family, relationships and environment on their health, wellbeing and aspirations. The partners to this protocol understand that safeguarding is a shared responsibility.

Effective partnership working is enabled by:

- Timely sharing of vital information
- Avoidance of a ‘refer on’ culture
- Whole family approach
- Attention to developing or strengthening a support network
- Clarity about the respective roles and responsibilities of each agency involved
- A solution focused approach
- Co-ordination and management of case work and the interface with other processes
- Regularly review and communicating progress
- Ability to provide professional challenge to resolve issues and escalation

What will the Safeguarding Children and Safeguarding Adult Boards do?

1. Provide strong leadership on a Whole Family Approach and safeguarding at a senior level to ensure it has a high strategic profile;
2. Provide joint training to the adults and children’s workforce in their respective areas;
3. Produce ‘quick guides’ on key safeguarding themes relevant to the collective workforce;
4. Ensure that publications from the Boards are ‘jargon free’ to enable ease of access and understanding to professionals from both the adults and children’s workforce;

5. Provide opportunities for shared learning from relevant board activity, for example, Serious Case Reviews, Safeguarding Adult Reviews, Domestic Homicide Reviews, Mental Health Homicide Reviews, audits.
6. Provide a glossary of common references and legal frameworks to assist professionals in both workforces' understand the other.
7. Seek assurance that a Whole Family Approach is embedded, for example, through audits, reviews and training.
8. Ensure that there are clear pathways for referral and communication to key agencies in the Children's and Adults workforce.

What will agencies do?

9. Ensure all staff are aware of the protocol and online resources.
10. Ensure that basic induction / training for staff includes information and / or placements in other areas of the business, e.g. information on adults services for the children's workforce and vice versa.
11. Add information on the importance of working with the whole family into agency training material and organisational procedures.
12. Provide appropriate supervision to enable professionals to reflect on the needs of the whole family.
13. Promote the importance of information sharing with partners in both the children and adults workforce.

What will professionals do?

14. Make a commitment to take a 'whole family approach' in their work.
15. Be professionally curious when working with families. Find out who is living in a household, who cares for whom. Staff need to remain curious and inquisitive about what they are seeing and assessing in terms of indicators of potential harm.
16. Ensure that they are familiar with the referral pathways for both children and adults.

6. Transition to Adulthood

Partners in the 4LSCBs and 4LSABs must work together to support children in transition to adulthood. This is particularly important where young people have ongoing care and support

needs or significant safeguarding concerns have been identified and require a robust and seamless plan of intervention and support. Partners across all Safeguarding Boards must plan transition together with the full involvement of the young person. The 4LSABs have developed the Multi-Agency Risk Management Framework relating to adults where there is a high level of risk the circumstances of which sit outside the statutory adult safeguarding framework but for which a multi-agency approach is needed to manage these risks in the most effective way.

7. Review of the Protocol

The 4LSCBs and 4LSABs will review the Think Family protocol as a part of the reviews of their strategic plans.

Examples of Prompts and Checklists that could be used as part of an online resource

Prompts for Professionals Working with Adults, Children and Families

There is increased awareness of the impact that the problems and difficulties experienced by adult family members can have on the development and psycho-social adaptation of children. There is also national recognition that emotional abuse and in particular neglect of children is significantly under-recognised and addressed.

Parents, carers or expectant parents may have difficulties which impact on their ability to meet the needs of their children or expected child and / or adults at risk. These children may be in need of assessment for services provided by a range of agencies from universal and early intervention to acute or specialist.

These questions are designed to guide your decision making when establishing the needs of the adults, children and/or unborn child:

- Are you treating, providing a service to a parent/carer, family member with a mental illness, a drug and alcohol misuse problem, a learning disability or adults who are victims or perpetrators of domestic violence?
- Do they have children?
- Do they have childcare responsibilities?
- What are their ages?
- Is there a young or adult carer within the family (further information about young carers can be found **XXX – add in local links**)
- Does the parent/carer/partner or other adult have very unrealistic expectations of a child e.g. expecting the child to take the emotional place of a grandparent who has recently died? Or expecting children to look after younger siblings?
- Have you considered the impact of your patient or client's illness/ disability/ situation on their ability to meet the development and safety needs of their children and/or unborn child / adult at risk?
- Have you considered the impact of family functioning, family history, the wider family and environmental factors on the parents'/carers' capacity to respond to the development and safety needs of the child/unborn child / adult at risk?
- If your client is pregnant has she accessed ante-natal care?
- Do you think the family/expectant parents would benefit from any additional services?
- Do you know what other services are involved and what their role is?

- Have you discussed the need for additional services or making a referral to another service, with the parents, carer, expectant parents or other significant adults in the home?
- Do you have any concerns about the wellbeing or safety of the child/unborn child's / adult at risk?
- Is action required to safeguard and promote the welfare of the child/unborn child / adult at risk?
- Do you need to discuss this or make a referral to another service?

Professionals working in universal services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide both adults and children with the help they need. Practitioners need to continue to develop their knowledge and skills in this area. They should have access to training to identify and respond early to abuse and neglect, and to the latest research showing what types of interventions are the most effective.

For Services working with Adults:

1. Record names, dates of birth, GP and school / early years setting of the children as well as who has parental responsibility for them. Any private fostering arrangements should be referred to the local authority ([insert link](#)). Private fostering is defined as any arrangement where a child is being cared for by someone who is not their parent or a close relative, for 28 days or more, by a private arrangement. The term applies to children under 16 (or under 18 if they are disabled).
2. Consider any adult at risk in the family and their decision making, mental capacity, parenting capacity and risk of exploitation.
3. Consider the vulnerability of all children in the family but specifically under 5's and those with disabilities. It should be highlighted that children should never be considered as a protective factor for an adult.
4. Consider the vulnerability of any adults in the family and any unmet care and support needs or changes to their level of risk. ([insert referral pathway](#))
5. Organisations providing adult services should equip their staff on engaging with, and talking to children and provision of information for them.
6. Ensure there is a safety / crisis plan which identifies someone the child / adult at risk can appropriately call for help.
7. Practitioners should be aware of the need for respectful challenge of the parents / carers/ other adults and not accepting facts on face value. ([ref. guidance on honest conversations](#))

8. Consider parental disengagement, disguised compliance and hostility as potentially increased risk factors for the child.
9. Ensure the family make up and history is revisited at regular intervals and there is robust record keeping on this. Practitioners' should not assume that a parent / carer has no contact with their child purely on the basis that the child lives separately with an estranged partner. In such situations, practitioners' need to enquire about contact (supervised or unsupervised). Practitioners should also be aware that serious incidents may have occurred when children in care have been rehabilitated back into the family or there has been a change in the [male or female] partner and services were not aware of the changes.
10. If an adult discloses historical abuse of either an adult or a child follow the relevant protocols (insert here) and consider any impact on their parental / caring capacity.
11. Consider the need for an Early Help Assessment if children services are not already involved in supporting the family and / or expectant parents.
12. If there are no current identified concerns regarding children record this and continue to monitor and review at regular points.
13. Get consent to share information where required at as early a stage as possible and involve other agencies. This could also cover permission to share information with other adults in the family so that they are aware of any issues or support needed.
14. Attend and provide information to children service meetings as requested.
15. Send minutes of relevant support meetings to key children services practitioners. This should include minutes of relevant adult meetings e.g. MARAC, MAPPA etc.
16. Inform the child's social worker / lead professional of any significant deterioration in the parent / carer's mental health, changes in treatment or treatment adherence, or if new information comes to light which has relevance to the adults overall progress and parenting capacity e.g. a return to substance misuse. This includes admission to hospital so that immediate care can be considered.
17. When planning and providing services and support to parents / carers, consider their childcare responsibilities and provide, or help them to access, suitable childcare provision to enable them to attend appointments, services and group treatments. Try to provide appointments at useful times, such as within school hours.

Add links to on 4LSAB challenge and escalation guidance and multi-agency risk management process. There will also be guidance on raising a safeguarding concern.

For Services that work with Children:

1. Record names, dates of birth, GP and school / early years setting of the children as well as who has parental responsibility. Any private fostering arrangements should be referred to the local authority. **Include link**
2. Consider any adult at risk in the family/ family friendship network, home environment and their decision making, mental capacity, parenting capacity and risk of exploitation. Make any referrals where appropriate.
3. Consider the vulnerability of all children in the family but specifically under 5's and those with disabilities.
4. Ensure there is a safety / crisis plan which identifies someone the child / adult at risk can appropriately call for help.
5. Practitioners should be aware of the need for respectful challenge of the parents/ carers / other adults and not accepting facts on face value.
6. Consider parental disengagement/ disguised compliance and hostility as potentially increased risk factors for the child.
7. Ensure the family make up and history is revisited at regular intervals and there is robust record keeping on this.
8. If there are no identified concerns regarding parents / carers / other adults record this and continue to monitor.
9. Get consent to share information at as early a stage as possible and involve other agencies.
10. Children's professionals should attend adult service meetings as requested.
11. Invite involved adult service professionals to statutory meetings held in respect of children, and consider inviting them to a non-statutory meeting if it might be helpful.
12. Send minutes of meetings to key adults' services and professionals.
13. Inform adult services of significant changes that will affect the parent / carer or alter the needs of the child, for example if a child is returning home following a period of being in care.
14. Whether or not adult services are involved with a parent, utilise advice and information from those services in order to maximise your understanding of the parent / carers problems and the likely impact on the child.