

**WALSALL SOCIAL SERVICES**  
**WALSALL COMMUNITY HEALTH TRUST**  
**WALSALL HEALTH AUTHORITY**

**Joint Procedure between Specialist Adult Services and**  
**Children's Services**

# Joint Procedure between Specialist Adult Services and Children's Services

***Acknowledgement is gratefully made to documents produced by Staffordshire County Council, Worcestershire Area Child Protection Committee, Solihull Area Child Protection Committee and Solihull Drug Action Team, Portsmouth Social Services and West Sussex Area Child Protection Committee.***

## **13 Introduction**

- 13.1 In 1999 the Department of Health published ***Working Together to Safeguard Children***. The document, replacing the previous version published in 1991, was issued under Section 7 of the Local Authority Social Services Act 1970. Its purpose is to provide a national framework within which agencies and professionals at a local level – individually and jointly- draw up and agree upon their more detailed ways of working together to safeguard and promote the welfare of children.
- 13.2 Social exclusion, domestic violence, mental illness, drug and alcohol misuse by a parent or carer or learning disability are some of the sources of stress which can impinge on a child's health, development or well being, either directly, or because they affect the capacity of parents to respond to their child's needs.
- 13.3 This procedure represents the collaborative effort of Walsall ACPC and partner agencies to work together to support parents and carers under stress and address our collective responsibility to safeguard and promote the welfare of children.
- 13.4 This document sets out the way in which agencies and professionals should work together to promote children's welfare and protect them from abuse and neglect when working with vulnerable adults. It is intended to serve as a means of bringing about better outcomes for children and for their parents. It is not a detailed prescription for working with each child and family.
- 1.5 Clear understanding and effective use of the complimentary roles of adult and children's services is crucial in supporting parents and carers under stress. Best practice calls for effective co-operation between different agencies and professionals; sensitive work with parents and carers in the best interest of the child; and the careful exercise of professional judgement, based on thorough assessment and critical analysis of the available information.

## **14 Background**

- 14.1 It is widely recognised that there is considerable misunderstanding among many professionals within specialist and children's teams regarding each other's role and responsibilities. This tends to become especially apparent when both adults and children in the same family or household require specialist support or assessment in their own right.
- 14.2 Whilst there are many examples of excellent joint work between different teams and disciplines there are also examples of instances where professionals have failed to communicate and co-operate at some cost to the family in need of support.
- 14.3 It is felt that there is no value in trying to make specialist workers experts in fields outside their own. It is of more value for them to become aware of potential areas of difficulty and know whom to contact for specialist support and advice when such issues are encountered.

## **15 Barriers to effective collaboration between teams and agencies**

- 15.1 There are a number of potential barriers to good joint working between adult and children's services:
1. Inadequate knowledge and unrealistic expectations about the role of other teams.
  2. Different legislative frameworks.
  3. Different priorities.
  4. Unwillingness to accept that a crisis for a family member may be a crisis for the whole family.
  5. Lack of joint structures or procedures.
  6. Concerns about confidentiality.
  7. Emphasis on dealing with individuals rather than whole families.
  8. Financial pressures and scarce resources.
  9. Inadequate knowledge and experience of recognising child protection, disability, mental health or substance misuse issues.

## **16 Principles of good practice**

- 4.1 There are a number of key principles that contribute to significantly reducing the above barriers:
1. Good communication and relationships between adult and child care workers.
  2. Acceptance of the need to consider the needs of parents and children jointly.
  3. Recognition that parents will cope better as parents if their own needs are being met.

4. Recognition of the fact that disabilities, mental health or substance misuse problems are not, by themselves, indicators of child abuse or neglect.
5. Recognition that children may sometimes suffer stress and harm due to the disability or illness of their parents.
6. Recognition that the difficulties of children can also affect the mental health and/or coping skills of their parents.
7. Stereotypes and assumptions about people with disabilities, illnesses or substance misuse should be avoided and should not influence assessments and objective judgements.
8. Acceptance that a crisis of any family member will affect the whole family.
9. Informal discussion between professionals can reduce misunderstandings.
10. Expectations, roles and responsibilities should be clarified, agreed and recorded.
11. Information should be shared whenever appropriate or necessary.

## **17 Confidentiality**

- 17.1 Confidentiality is an important principle of service delivery for all agencies but it is important that workers recognise that there are limits to this duty and times when information must be shared to protect vulnerable children and adults.
- 17.2 Service users should be made aware of the limits to confidentiality, these are set out in *Working Together to Safeguard Children: The law permits the disclosure of confidential information necessary to safeguard a child or children in the public interest: that is, the public interest in child protection may override the public interest in maintaining confidentiality. Disclosure should be justifiable in each case, according to the particular facts of the case, and legal advice should be sought in cases of doubt.*
- 17.3 Workers must consult their line manager regarding the advisability of seeking legal advice on these issues.
- 17.4 Disclosure of personal information without the subject's permission is permitted under the Data Protection Act 1998 in the following circumstances:
  - a) if it is necessary for compliance with any legal obligation to which the authority is subject;

- b) if it is necessary for the administration of justice;
- c) if it is necessary to protect the vital interests of the data subject.

## **18 Key Questions**

13.1 There are key questions which workers should seek to answer when they work with families to ensure that they are establishing the conditions for future co-operation.

13.2 For Adult services workers the questions are:

1. Are there children? How old? Where are they?
2. Who looks after them? (**Basic Care**)
3. How are they? Parental concerns? Child professional concerns (health visitor, teachers, social worker, other)? (**Safety & Basic Care**)
4. Has parent talked with child about their disability, illness or substance misuse? (**Emotional**)
5. Has child asked parent questions? (**Emotional**)
6. How is the child managing at school? Does parental ill health affect school attendance?(**Stimulation**)
7. Who helps with childcare if parent is unwell? Is there a consistent substitute carer? (**Stability**)
8. Does the child have a pattern of offending? (**Guidance & Boundaries**)
9. Does the child take responsibility for adult or sibling care? (**Emotional**)

13.3 For children's services workers the questions are:

1. Does this child's carer/parent have a significant (in the view of the worker) disability/mental health problem? Is referral necessary or is parent known to specialist adult services?
2. Is there evidence of excessive use of alcohol, illicit drugs, prescribed medication or other substances?
3. What impact is the disability/mental health problem having on the children?

4. How is the disability/mental health problem/substance misuse affecting parenting and the relationship between parent and children?
  5. What range of supports could assist a parent to meet the child's needs more effectively?
  6. Has anyone talked to the children about difficulties in their lives?
  7. Do the parents have a pattern of offending?
- 13.1 It should be remembered that statutory duties under the Children Act 1989 apply not only to child protection but also to all 'children in need'. All professionals, confronted with a child in an environment where there is an adult who has a physical or mental illness, a severe disability or problems relating to substance misuse, should ask themselves:

### **What is it like for a child in this environment?**

#### **7. Adult Abuse**

- 13.1 It should also be borne in mind by all workers that vulnerable adults are often themselves the victims of neglect and abuse, sometimes at the hands of children or other family members.
- 13.1 Walsall has a jointly agreed procedure for dealing with concerns about Vulnerable Adults (see section 10.1).
- 13.2 The key principle for workers who witness anything which causes them concern regarding vulnerable adults (i.e. elderly people, people with physical, sensory or learning disabilities, people with mental health problems or problems relating to substance misuse) is that it should be recorded and reported as it would be in the case of a child. The existence of a disability, frailty or illness does not ever justify ill treatment or neglect.

#### **8. Terminology and Jargon**

- 13.1 Amongst other things the procedure, as laid out in section 12, highlights the need to ensure that all parties understand specialist terminology. It should be remembered that even widely used terms such as keyworker, assessment, risk assessment, care plan and review often have different meanings for different agencies and teams. This must be clarified at the initial stage to prevent later confusion.

#### **9. Advocacy**

- 13.1 In many cases where adults have a disability, an illness or substance misuse problems they may have difficulty articulating their views without assistance and may require help in exercising their rights.
- 13.2 In such cases it is important that workers make efforts to ensure that appropriate advocacy arrangements are made to facilitate communication and to ensure that practice is not oppressive.
- 13.3 It should not be assumed that the involvement of a specialist worker will, by itself, be sufficient to meet the need for advocacy and in most cases the advocate should be independent of the statutory agencies.
- 13.4 Similarly children have a right to be helped to make their views known and assistance should be given wherever appropriate to obtain appropriate advocacy for them.

## **10. Key References**

- 13.1 All staff should be aware of and have access to the following documents:
  - a) Child Protection Procedures – Walsall Area Child Protection Committee
  - b) Adult Protection Procedures – Walsall Social Services
  - c) Working Together to Safeguard Children – Department of Health 1999

## PART 2

### 11. Procedure for Referral, Service and Care Planning - Introductory Statement

- 11.1 Mental illness, problematic alcohol and drug use and domestic violence affect people's parenting ability and impact upon their children in various ways. Skilled comprehensive and holistic assessments which place equal emphasis on the child, family and the environment are essential (see National Assessment Framework 1999).
- 11.2 Services to families can be provided under children's or adult's legislation. This can have positive benefits or result in children falling between the two strands of service areas. To ensure integrated service provision, specific attention must be given to creating professional links between community care and children's services. The varying effects of parental mental illness, problem drinking, drug use or domestic violence demand careful assessment of children's needs. The key questions above (page 5) can guide the worker's assessment.

### 12. Procedure for referral and Care Planning

- 13.1 On receipt of a referral all workers will identify whether there are:
- a) *In the case of adult services workers* – Dependent children living with the person referred.
  - b) *In the case of Child Care workers* – Vulnerable adults living with the child referred (i.e. People with a mental health problem, problems with drug or alcohol misuse, severe learning, physical or sensory disability).

Case files will prominently record the involvement of other agencies or workers and the names of all household members.

- 13.1 If the worker has concerns about the needs of either the child or the vulnerable adult efforts should be made to establish if they are known to the relevant specialist agencies. If there are no such concerns then normal practice regarding assessment and care planning for the individual will apply.
- 13.2 The worker should discuss concerns with the relevant specialist team (e.g local Walsall Social Services Children and Families Team, local Walsall Social Services Adult Services Team, local Community Mental Health Team, Mental Health Crisis Team, Lantern House, Learning Disabilities Team, Physical and Sensory Disabilities Team). This discussion will include:
- a) whether there is a need for referral and allocation;

- b) full details of the concerns expressed;
- c) agreed action;
- d) agreed roles.

All the above must be recorded on relevant files by the workers involved.

- 13.3 If there are concerns about both the vulnerable adult and the child then a joint visit should be undertaken by workers from the Children and Families Team and the Specialist Team. A joint assessment of the home circumstances should be made and plans should be made which recognise the needs of both adult and child. These plans should be shared and jointly reviewed, records will be kept on the files of both the vulnerable adult and the child.
- 13.4 If concerns are focused on the child the Children and Families Team will lead the response and assessment, if focused on the vulnerable adult then the Specialist Team will do this. In either case support and information will be provided by the other Team involved and they will attend reviews and planning meetings.
- 13.5 Where there are concerns about the welfare of children or vulnerable adults information must be shared with the appropriate agency. If there are particular reasons why it is not felt appropriate to share information this decision and the reasons for it should be recorded on case records. Where there is doubt about this, advice should be sought from line managers who will determine whether legal advice should be obtained.
- 13.6 Each agency will be responsible for ensuring that appropriate training is provided to its workers to enable them to implement this procedure.
- 13.7 Issues about the funding of care plans will continue to be a matter of negotiation between the relevant budget holders.
- 13.8 In the case of adults with a mental health problem all above references to recording and review will involve registration on The Care Programme Approach (CPA) and use of CPA forms and procedures.

## 14 Bibliography

### 13.1 Other books and materials of interest include:

*Crossing Bridges*, Training resources for working with mentally ill parents and their children – Adrian Falkov, Pavilion Publishing 1998

*Drug Using Parents*, Policy guidelines for inter-agency working – SCODA/ Local Government Association 1997

*Parenting under Pressure*, Mothers and fathers with learning disabilities – Tim and Wendy Booth, Open University Press 1994

*Significant Harm, its management and outcome* – Margaret Adcock and Richard White, Significant Publications 1998

*National Assessment Framework* – Department of Health 2000

*Children's Needs – Parenting Capacity. The Impact of Parental Mental Illness, Problem Alcohol and Drug Use, and Domestic Violence on Children's Development* - H. Cleaver, I Unell, J Aldgate

## Diagram 1

**ADULT SERVICES**

**REFERRAL RECEIVED**

*Are there dependent child(ren)?  
Key Questions*

*Concern about children's needs*

**Check if child(ren) known to local  
Children & Families Team**

**Discuss situation with Children &  
Families worker to clarify concerns  
and determine a way forward**

*Are there other family members with  
specialist needs?*

**Are there child care or child protection  
concerns?**

*Children & Families Team leads response  
and assessment with support and  
information given by Adult Services.*

**Are there concerns for the adult?**

*Adult Services lead response and  
assessment with support and information  
given by Children & Families Team*

*Children and Families Team attend reviews*

**CHILDREN'S SERVICES**

**REFERRAL RECEIVED**

*Is there a family member or adult carer with  
severe physical, sensory or learning  
disability, mental health problem or  
substance misuse?*

**Check if adult known to adult team/  
specialist services**

**Discuss situation with Adult Services  
worker to clarify concerns**

*Are there other family members with  
specialist needs?*

**Are there concerns for the adult?**

*Adult Services lead response and  
assessment with support and information  
given by Children & Families Team*

**Are there child care or child protection  
concerns?**

*Children & Families Team leads response  
and assessment with support and  
information given by Adult Services.*

*Adult Services attend reviews/conferences*

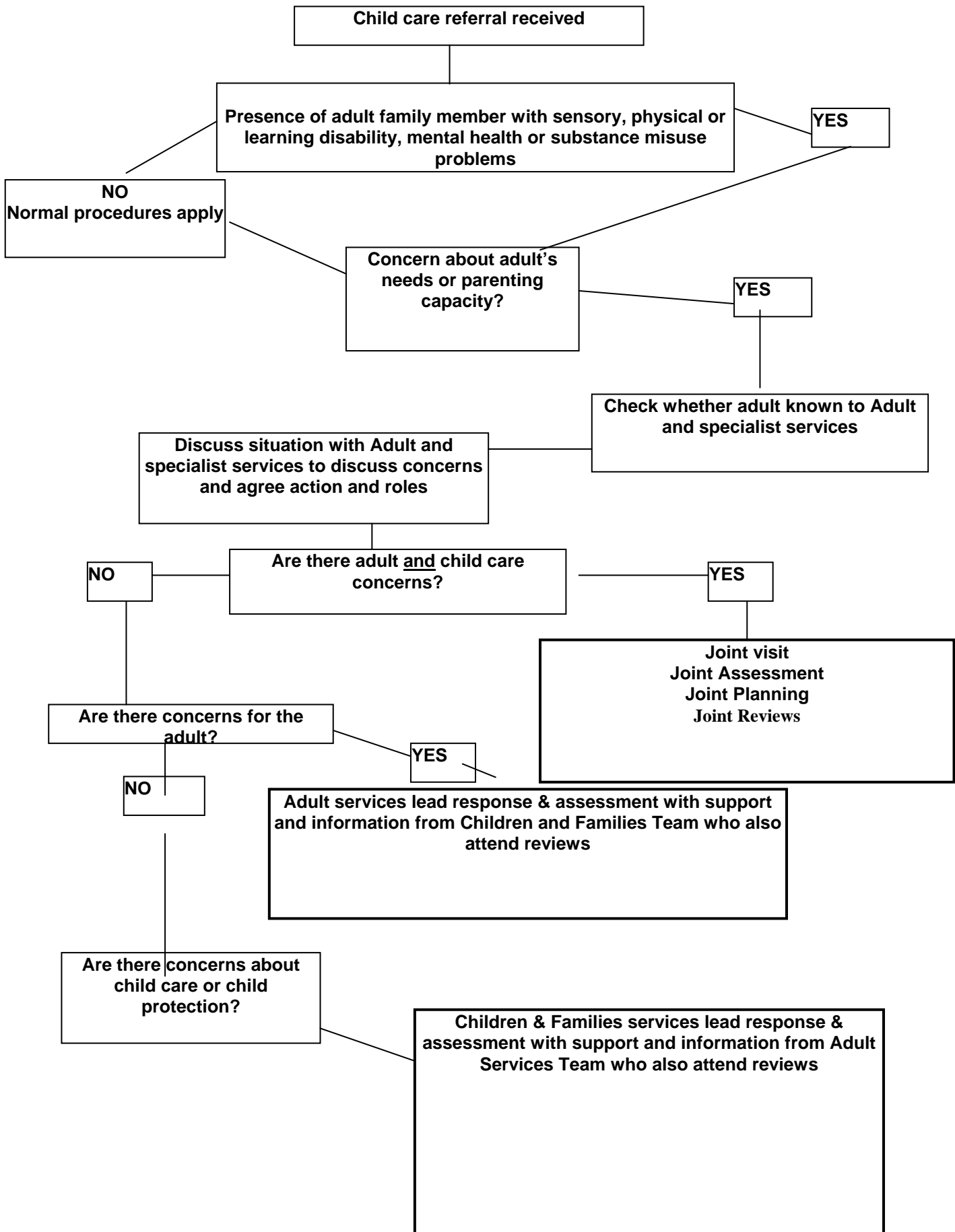
**Concerns for both child and adult**

***Joint Assessment***

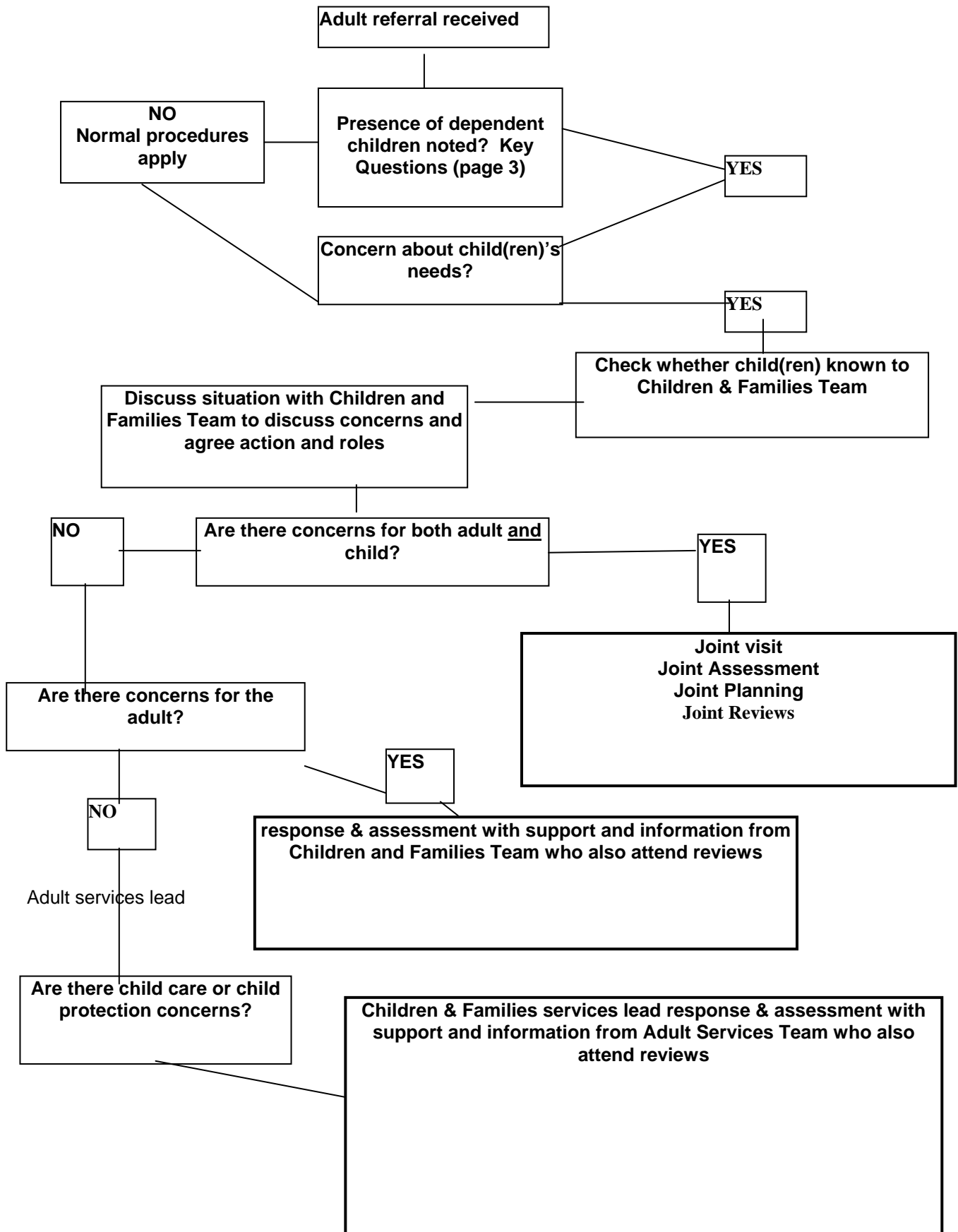
***Joint Planning***

***Joint Review***

## CHILD CARE REFERRAL FLOW CHART Diagram 2



**ADULT REFERRAL FLOW CHART Diagram 3**



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