



Hampshire, Isle of Wight, Portsmouth and Southampton Safeguarding Boards

A Family Approach Protocol

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Background and 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. The protocol was commissioned in response to findings from a range of reviews across all Board's which highlight the need for professionals to work effectively together to achieve better outcomes for adults, children and their families across all areas.

This protocol, and its supporting documents in the online toolkit replace what was previously produced in the Joint Working Protocol (JWP). The information from the JWP has been distilled and presented in a more digestible format, and has been co-produced by agencies in both the children's and adult's workforce. The summary and flowchart from the JWP is still available for professionals [here](#)

The aspects of practice described in this protocol are a shared responsibility, and must be at the heart of practice across all partner agencies of the 4LSAB and 4LSCBs.

Scope

This Protocol applies to any partner organisation working with children, adults with care and support needs and their families in and across Pan-Hampshire. This extends to unborn babies and their parents. Agencies should note that the likelihood of the risk and harm to children and an adult with care and support needs 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
- Sexual exploitation

It should be noted that families can often experience more than one of any of the above factors at any one time. The co-existence of any of the above factors will increase the overall risk for a child / adult / family. Where this occurs assessments should be updated frequently to ensure there is an accurate understanding of risk factors and how they may impact on each other.

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.” 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.

Agencies should note that there are a range of vulnerability factors which may impact on an adult with care and support needs 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
- Self neglect.
- Adult Sexual Exploitation

The protocol should be used by:

- Practitioners and their managers;
- Voluntary and community organisations
- Commissioners;
- Organisations working with adults, children and their families;
- Members of the 4LSABs and 4LSCBs.

All professionals need to avoid focussing ONLY on the individuals to whom they have a responsibility to offer support. When children's services staff know of adults in need of care and support in the families or linked to the children with whom they have contact ,they should be liaising with colleagues in Adult Services about the Adult's needs. Similarly ,when Adult Services staff know of children who live with or are in regular contact with adults with care and support needs and who may benefit from an assessment of their own needs or the risks they might face ,then they should liaise with Children's services colleagues about the child's needs.

Definition

A Family Approach is one that secures better outcomes for children (including unborn babies), adults with care and support needs, children and their families 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 family as this is the only effective way of working with families experiencing the most significant problems.

1. Why is it important to work with a 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, '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;

- 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 adults with care and support needs. 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.

2. 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
- A 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

3. What will the Safeguarding Children and Safeguarding Adults Boards do?

1. Provide strong leadership on a 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 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.
9. Ensure there is an effective Conflict Resolution and Escalation Policies in place to ensure there is a clear process for resolving any disagreements between services over the handling of concerns and referrals.

4. What will agencies do?

10. Ensure all staff are aware of the protocol and online resources.
11. 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.

12. Add information on the importance of working with the family into agency training material and organisational procedures.
13. Provide appropriate supervision to enable professionals to reflect on the needs of the family.
14. Promote the importance of information sharing with partners in both the children and adults workforce.

5. What will professionals do?

15. Make a commitment to take a 'family approach' in their work.
16. 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.
17. Ensure that they are familiar with the referral pathways for both children and adults.

Key areas of focus

Restorative Practice

Whilst there may be a range of different working practices and approaches across adults and children's services in Hampshire, Isle of Wight, Southampton, Portsmouth and Southampton; national and local research and evidence highlights how applicable Restorative Practice is across a range of settings and professional disciplines, bringing a shared sense of direction, a common language and improved outcomes to children and families

Restorative Practice is about building and maintaining relationships. It's about working 'with' people at every opportunity and in doing so:

- Providing meaningful challenge and setting clear boundaries i.e. holding parents to account in a meaningful and constructive way - **high challenge**; and at the same time
- Providing the right support and encouragement to enable them to reach agreed goals - **high support**

Creating meaningful and lasting change requires both high challenge **and** high support.

Restorative Practice is a way to be, not a process to follow or a thing to do at certain times. It's a term used to describe principles, behaviours and approaches which build and maintain healthy relationships. It is a way of being with people that can enable workers, parents and children to communicate effectively by removing barriers, developing family led problem solving and decision making, and leads to shared accountability.

When we work with and alongside people, rather than make decisions about them in isolation, there is strong evidence to say that outcomes for children and their families are improved

Strength based approach

This protocol endorses the work already underway in both Children's and Adult's services to develop a 'strengths based approach' to the way that professionals work with children, adults and their families. Strengths-based practice is a collaborative process between the person / family supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's / families strengths and assets. As such, it concerns itself principally with the quality of the relationship that develops between those providing and those being supported, as well as the elements that the person / family seeking support brings to the process.

Person centred working

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. In relation to the children's workforce this would be known as taking a child centred approach. In relation to safeguarding adults this would be known as 'making safeguarding personal'.

Mental Capacity Act 2005

The Mental Capacity Act states that responses must reflect the five key principles of the Mental Capacity Act (MCA) 2005 in which the person aged 16 years + is assumed to have capacity and, therefore, be able to make their own decisions (even unwise ones). Practitioners will need to have regard for the five statutory principles of the MCA 2005:

- Every adult / child has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise..
- All practicable steps must have been taken to help them understand the information relevant to the decision.

- People have the right to make unwise or eccentric decisions that carry risks.
- A decision made on behalf of the person who lacks capacity must be done so in their best interests.
- When making the decision on behalf of the person, regard must be given for achieving this in a way that is least restrictive for the person.

A person's mental capacity should be considered regularly. Where a person is found to lack capacity in any area of decision-making, a best interest decision will be made and this must take into account the child / adult's views and wishes in accordance with the MCA Code of Practice.

It is vital that the child/ adult has as much control and choice as possible, and that process is guided by their needs and circumstances. Personalised information, advice, support and good advocacy are essential components to this.

Having access to information and advice will assist the child / adult to make informed choices about support and will help him/her to weigh up the benefits and consequences of different options. Information and advice can enable the person to keep themselves safe in the first place by helping him/her understand their situation and what is needed to keep him or herself safe now and in the future.

Professional curiosity

Professionals will often come into contact with a child, or adult with care and support needs. These contacts present vital opportunities for professionals to identify concerns and intervene early to prevent further harm occurring. Responding to these opportunities requires the ability to identify the signs of vulnerabilities and potential or actual risks of harm, maintaining an open stance of professional curiosity (or enquiring deeper) and understanding one's own responsibility and knowing how to raise concerns.

People rarely directly disclose abuse and neglect to practitioners and, if they do, it will often occur indirectly through unusual behaviour or comments. This makes recognition and response to abuse and neglect a priority for professionals. However, it is understood that it is better to offer help as early as possible, before issues get worse and escalating to crisis point. This means that all agencies and practitioners need to work together - the first step is to be professionally curious and to be willing to engage with children, their families and adults with care and support needs around promoting their safety and wellbeing.

Professional curiosity is a mind set and is about the capacity and communication skill to explore and understand what is happening within an environment rather than making assumptions or accepting things at face value. In practice, this requires practitioners to consider:

- Am I remaining CURIOUS and INQUISTIVE about what I'm seeing and assessing?
- Are there indicators of potential harm towards the child, or adult with care and support needs?
- Are there indicators that a tipping point may have been reached where not to intervene, poses significant risk to wellbeing and safety?

Not attending / not being brought to medical and health appointments

All children and adults are entitled to receive services to promote their health, wellbeing and development. Where health or medical services for children / adults with care and support needs are refused, or where they are repeatedly not being brought for health appointments by their parents or carers, professionals should consider reasons behind the disengagement. This includes refusing home visits when a professional has deemed this to be appropriate. It is important to be aware of the impact of missed appointments on a child / adults health and wellbeing, this includes monitoring of medication they may be taking.

Disengagement by a family / parent / child / adult with care and support needs may be partial, intermittent, or persistent. It is important to be aware that this may be a signal of increased stress within a family and/or potential abuse or neglect of children / adults with care and support needs, and so it is important to identify early signs of disengagement so that any potential risk can be assessed.

Examples of disengagement include parental refusal for the child(ren) to be assessed, repeated non- attendance for medical appointments, or failure to attend or be available for pre-arranged appointments. It includes those who discharge child(ren) / adults with care and support needs against medical advice and those who fail to wait for medical care.

It is also important to be aware that over engagement of services can be a cause for concern about a child's welfare, especially if there are medically unexplained symptoms or possible fabrication. It is also important to bear in mind that some parents/carers may be disengaging with healthcare for themselves or their own agenda; this may be a precursor to something more serious happening within the family.

Professionals need to consider why families are not engaging and consider the risk in these situations.

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 child / young adult. 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.

Review of the Protocol

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

This protocol should be used in conjunction with the 4LSAB Safeguarding Adults Escalation Protocol found [here](#) and the 4LSAB Multi Agency Risk Management Framework found [here](#).