Joint Working Protocol Summary

Safeguarding children and young people whose parents/carers have problems with:

Mental health, substance misuse, learning disability and emotional or psychological distress.

This document summarises the full protocol, which should always be referred to for complete and detailed guidance.

Date: August 2017
Safeguarding children is everyone’s business

Whilst local authorities play a lead role, safeguarding children and protecting them from harm is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play. Working Together 2015

Most parents and carers have the capability and want to provide good or good enough parenting for their children, most of the time. Sometimes, the parent will have such overwhelming needs of their own that they may not have the capacity to be such a capable parent. The Joint Working Protocol supports early intervention work that can make a real positive difference to the outcomes for children and their families.

The protocol has been written for every person, staff or volunteer, (hereafter called practitioners) working with people whose complex problems might impact on their ability to care for children and for practitioners working with children whose parents or carers have those complex problems.

This document offers the key messages and flowchart from the protocol to guide practice. The full protocol should always be referred to for complete or detailed information and guidance.
Key Messages

If you are working with adults who have mental health, substance misuse, learning disability problems or psychological distress, you must make sure that any children in their care, or who they have contact with, are considered.

You must liaise with Children’s Social Care if the children are at risk of harm, using the Local Safeguarding Children Partnership (LSCP) procedure without delay.

If the risks are lower, you should communicate with other workers who might be or need to be in contact with the children, using this protocol.

The LSCP, your professional bodies and employers require you to do this.

If there are concerns about the safety of a vulnerable adult, the relevant Safeguarding Adults at Risk procedure must be used.

- Practitioners working with adults must identify and record at the earliest stage:
  - the adult’s relationship with any children
  - any parenting or caring responsibilities for children
  - which other agencies they need to work with if they have concerns about unborn babies, children or young people.

- Practitioners should discuss any concerns they have with the family before making a referral to Children’s Social Care, unless this discussion places the child at increased risk.

- Data protection must not be used as a barrier to appropriate information sharing. (NB usual information sharing rules apply. If there is a perceived risk of significant harm to a child information must be shared. At a lower level of concern information about associated adults should be shared only with their consent.)

- Risks to a child’s safety or welfare may only become apparent when several people share concerns which contribute to a larger picture of risk.

- Safeguarding issues increase adults’ eligibility for services.

- Mental health, substance misuse and learning disability problems can increase the risk of harm to children, especially when combined with domestic abuse.

- 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 Social Care must be made immediately.
- If a practitioner feels that a person may be at risk from an untreated psychosis they must alert the GP in order for the GP to arrange a mental health assessment.

- Changes in family circumstances should trigger a re-assessment of risk to children.

- If, after referral, practitioners remain concerned about the safety of a child, they should report their concerns to a supervisor/manager who must ensure concerns are resolved appropriately.

- Supervision, guidance and support from managers and/or specialists in safeguarding children are essential for people working with adults in contact with children.

- It is important to hear the ‘voice’ of the child.

- Young carers need to be identified as caring can have detrimental effects on young people’s education, health and emotional wellbeing.

- Any concerns about the safety of adults must be referred using the relevant Safeguarding Adults at Risk procedures.
Flowchart

Worker

Does client have child(ren)?

YES

Record the following information:
Name of child(ren)
DOB
Residency
Main carer
Health Visitor/School
Children’s Services involved?
CAF open?
Subject to Child Protection Plan?
Ever been subject to CP Plan?
Young Carer?

NO

Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child.
Are there concerns?
Discuss with manager/supervisor/safeguarding lead

Support access to antenatal care.
Refer for or assess treatment & support needs

Ask if Children’s Services currently involved?

YES

Contact service & liaise re: joint working & support plan for child(ren) & adult(s)

NO

Refer to Children’s Services

If no risk of significant harm, make most appropriate referral(s)

YES

Agree joint assessment, future joint work, management & review of both child & adult problems

NO

If child at risk of significant harm use procedures hipsprocedures.org.uk

Support relevant drug/alcohol, learning disability or mental health service or deliver relevant intervention

Contact relevant drug/alcohol, learning disability or mental health services

YES

NO

Is client or partner pregnant?

YES

NO

Is client receiving help for their drug/alcohol learning disability, mental health problems?

YES

NO

in regular/substantial contact with someone else’s child(ren)?

YES

NO

No further safeguarding action

YES

NO

Yes

Yes

No

Yes

No

Yes

No

Action re: children

Action re: adults

Joint working

Key