



Unidentified Adults Task and Finish Group

Hampshire
Safeguarding Children
Board (HSCB)

Chair: Kim Jones – Designated
Nurse (West and North
Hampshire CCGs)

August 2017

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1.0 Overview of the Task and Finish Group Work

Hampshire Safeguarding Children Board's Learning and Enquiry Group (LIG) requested that a task and finish group consider a piece of work regarding 'Unidentified Adults'. This work was in response to a Serious Case Review which recommended that HSCB should work with practitioners across all partner agencies to explore the barriers to involving fathers in their practice and develop an action plan to address any findings from this work.

The Task and Finish Group ran between the following dates 12th January 2017 to 25th July 2017. The group was chaired by Kim Jones (Designated Nurse, West & North Hampshire CCGs) and had contributions from the following members:

- Dr Sharon Kefford (Named GP, CCGs)
- Fiona Butt (Supervisor FNP, SHFT)
- Gilly Knight (Head of Housing Options, Winchester City Council)
- Karen Alexander (Governance Manager, Adult Services)
- Lisa Hogg (School Representative)
- Sam Smith (HSCB)
- Sheila Hodgkinson (Named Midwife, HHFT)
- Sue Kocaman (Area Director, Children's Services)

The group has produced/undertaken the pieces of work which require approval from the HSCB:

- Working with Unidentified Adults – Best Practice Guide. This includes agency flow charts and 'Top Tips'
- Recommended a tool for practitioners to use when working with children and families (included within the Best Practice Guide)
- Unidentified Adults Audit – Survey Monkey (multi-agency)
- Primary Care Audit
- Unidentified Adults – Slide Deck (Training materials for agencies and HSCB use)
- Poster for professionals and general public to promote Think Family / Unidentified Adults

Recommendations to the HSCB

1. Workforce Development Sub-Group to consider the findings of the Survey Monkey and consider the implications for HSCB training including the annual HSCB/HSAB Annual Conference.
2. HSCB to ratify the work which the Task and Finish Group has completed and utilise communication networks to disseminate and promote the 'Best Practice Guide' and training materials.
3. Additional findings and on-going pieces of work which have been identified as a result of the Task and Finish Group include:
 - Registration Forms for Primary Care – Dr Sharon Kefford and Dr Jenny Rattray to continue this work under the auspices of the HSCB Health Sub-Group
 - Registration Forms for School Entry – Lisa Hogg to continue this work under the auspices of the HSCB Education Sub-Group
4. To build on the findings from the Group and continue this work regarding 'Unidentified Adults' within the new Abusive Head Trauma Task and Finish Group.

5. Midwifery communication with Primary Care – The Health Sub-Group to consider the process for midwifery sharing information with Primary Care regarding who lives in the house with a pregnant woman. To be considered alongside the Portsmouth model.
6. The Task and Finish Group Members will reconvene for a catch up meeting 6 months following the ratification by HSCB to review progress against actions.

2.0 Terms of Reference for the Task and Finish Group



Working with Unidentified Adults Task and Finish Group

Terms of Reference

1. Purpose

A considerable amount of Serious Case Reviews and Multi-Agency Reviews within Hampshire have identified parental/carer mental ill-health, domestic abuse and substance misuse issues. All of the SCR's reviewed prior to the Task and Finish group commencing have highlighted issues within the family home including separation, divorce and external factors such as extended family members residing in the property and step parents living within the same household.

Therefore, the purpose of the Task and Finish group to review existing local and national research and work pertaining to the risks of having hidden and/or hard to engage adults living within a family home.

2. Objectives

- The Task and Finish group is asked to consider how practitioners identify who has access to children, especially those living in the same property. The mother is primarily seen as the main caregiver for children and whilst we acknowledge that that may be true we need to apply the learning from local and national SCR's
- The Task and Finish group is asked to consider how we engage with other adults living in the property and how we engage with Unidentified Adults in the property, especially those who do not want to be involved
- The Task and Finish group is asked to consider how links are made with adult services to ensure that those professionals working with adults consider the risks to children at all times
- The Task and Finish group needs to include work with social care services, schools, GP surgeries and other health settings with regards to linking adult and children's records together. There also needs to be consideration for how we engage with absent parents, step-parents and carers who are living away from the family home
- The Task and Finish Group is asked to consider the key moments in a child's life where professionals are more likely to receive a positive response to assessment. This may include during pregnancy (both GP appointments and Midwifery), school entry and if a referral is made into Children's Services as being some of the key moments within a child's life where a hidden parent/carer may present
- The task and Finish Group will produce a multi-agency protocol which outlines best practice in relation to engaging with adults who are hard to reach. This will include best practice guidelines and flow charts for each agency/setting and tools such as fact sheets for practitioners and training tools.

3. Accountability

- a) This Task and Finish group is time limited and will be disbanded when mutually agreed by the Chair and the Chair of the HSCB Learning & Inquiry Group (LIG) when its objectives have been met.
- b) This Group is accountable to the HSCB LIG.
- c) Members will ensure that they are fully franchised to fulfil their role on the group by their agency.

4. Membership

- a) The HSCB 'Unidentified Adults' Task and Finish Group will be formed by professionals from Board partners and other agencies where appropriate.
- b) The Chair will be appointed by the LIG.

5. Frequency of meetings

Bi-Monthly

It is expected that this work will be complete by the end of June 2017.

6. Quorum

The group will be quorate if half of its members are present.

3.0 Working with Unidentified Adults – Best Practice Guide



Working with Unidentified Adults – Best Practice Guide

1.0 Introduction

- 1.1 The term 'Unidentified Adults' refers to an adult who agencies are not aware of, or not engaging with. They could be living within a household where children live or with someone who has regular contact with children. This can be in any capacity (such as parent, partner, grandparents, non-family member etc.)
- 1.2 There is a plethora of information both locally and nationally which highlights the need to understand who is living within the household with a child. Many reviews highlight the issue of professionals not identifying and/or assessing key adults, such as fathers, mothers/fathers partners, extended family and friends involved in the care of children who died or suffered harm.
- 1.3 The risk of not engaging effectively with adults who have regular contact with children or live within the family home includes understanding:
- What the child's main caregiver and other family members might be saying about the 'Unidentified Adults' role within the family
 - The positive contribution which they might make to the needs and welfare of the child
 - What support they may offer to the family, including caring for children
 - Any risks which they might present.

2.0 Focus on Engagement

- 2.1 There is a tendency for practitioners to focus on mothers and to take at face value what mothers are telling them about the dynamics which exist, or have existed, within the family and about the impact of those dynamics, positive or negative, on children and young people. Other adults play an important role in children's lives and have a great influence on the children they care for. Male care givers in particular, may not feel as included or involved by professionals, who sometimes focus almost exclusively on the quality of care children receive from their mothers and female carers.
- 2.2 Professionals sometimes rely too much on mothers to tell them about other adults involved in their children's lives. There are a variety of reasons why a mother may not be open about the presence of other adults involved in their children's lives such as due to concerns about housing, benefits or potential risk (known to the police for example). If a mother puts their own needs first, they may not be honest about the risk the hidden adult poses to their children.
- 2.3 Robust assessments, however, require that information is triangulated and tested out. Identifying and engaging Unidentified Adults in a positive way is critical to ensuring that

assessments are balanced and rigorous, especially when important decisions need to be made about children.

2.4 From the NSCPCC's (2015) analysis of case reviews, two categories of 'Unidentified Adults' emerged:

- Those, for example estranged fathers, who were capable of protecting and nurturing the child but were overlooked by professionals.
- Those who posed a risk to the child which resulted in them suffering harm.

3.0 Sharing Information

3.1 Professionals involved with adults who are in regular contact or living with children, such as substance misuse workers, housing officers and probation officers, do not always share information about potential risks with other professionals supporting the children. This may be because they are unaware the adult has contact with children. Consequently, practitioners depend entirely on parents to share this information, which they may or may not do. Professionals must ensure that information is sought from all agencies that could be involved with the family.

3.2 Professionals do not always talk enough, or ask probing questions to other people involved in a child's life, such as the main care giver's estranged partner(s), siblings, extended family and friends. This can result in them missing crucial information and failing to spot inconsistencies in the main care giver's account. Children will also have information about their daily routine which may indicate that there is another adult present in their life, such as who collects them from school, makes dinner or puts them to bed. Children should be spoken to and concerns which they raise acted upon.

3.3 Professionals can be reluctant to enquire about the decisions parents make about their personal and sexual relationships. However, this is to ignore the risks that might be posed to children by adults who are in relationships defined as short or long term, significant or casual or just friends.

3.4 Professionals need to consider that not all those that pose a risk to children need to be in a sexual relationship with the main care givers. It could be as simple as what appears to be an innocent new family friend who has appeared on the scene. It is recognised that some adults are known to befriend parents/carers to seemingly provide help but are actually grooming both the child and parent to gaining legitimate access to children.

3.5 Failing to identify and/or engage with adults who have regular contact with children ignores their fundamental importance in a child's emotional and psychological development. When a vulnerable child's needs are not being met by their main care giver, an estranged parent for example may be able to provide the protection and stability that the child needs.

4.0 General Principles in Identifying Unidentified Adults

4.1 In all assessments, always put the child's needs before those of an adult.

- 4.2 During pregnancy and after birth, make active enquiries about the child's father, the mother's relationships and any adults in contact with the child.
- 4.3 Identify any new adults who have regular contact with children. Always clarify who the members of a household are each time you visit a family, be aware that some individuals may have a number of aliases or alternative spellings.
- 4.4 It can be difficult to get parent/carers to open up and discuss their partners' involvement in their children's lives. Supervisors should support practitioners to find ways to engage with parent/carer and build trust.
- 4.5 Supervisors also need to offer guidance and training on working with Unidentified Adults, monitor engagement with services and evaluate how effective direct work with them is.

5.0 Engaging

- 5.1 From the very beginning, always emphasise to parents the crucial role that adults have on a child's health and emotional wellbeing.
- 5.2 Encourage the child's care givers to attend appointments and engage in services. Make appointments for times convenient to them, such as evenings and in places that they will be able to access. E.g. close to public transport hubs.
- 5.3 Consider how fathers and other adults could contribute to an assessment of the child's needs.
- 5.4 Ask them directly about potential risky behaviours such as drug and alcohol use and offer them services based on their needs and consider mental health and other issues such as Domestic Abuse.
- 5.4 Consider those with parental responsibility who appear not to be directly involved in a child's life are aware of safeguarding concerns relating to their child unless there are significant reasons not to.
- 5.5 Ensure services involved with the adult's in a child's life are invited to attend key meetings and share information.
- 5.6 Consult about plans and invite to child protection conferences and core group meetings.

6.0 Top Tips

- 6.1 These top tips have been identified to support workers to notice when another adult is involved in a child's life where it wasn't expected or reported. The presence of another adult may be a safeguarding risk but equally may be a source of support to a child.
- 6.2 Every agency has its own key points where information is sought or provided (see flow charts).
- 6.3 The purpose of the 'top tips' is to increase professionals awareness and to assist in prompting professional to notice changes, outside of the usual contact.

6.4 It may not be appropriate for all professionals to question but to share information with the relevant agency.

7.0 Identifying

- The main carer references to another person in a child's life in conversations
- Children refer to another unknown adult in conversation or through play/imitation
- Presence of another person on visits/ contacts
- Presence of another person at appointments and locations for example at school gate
- Instinct or 'tacit knowledge' plays an important part. For example, someone else new in the house who appears to be 'at home' or taking on a caring role for the children
- Physical evidence of another person which contradicts what you were expecting e.g. personal possessions evident around the household, spare bedrooms in use / spare bedding visible
- When someone is introduced as a family member which does not 'fit' with existing knowledge of the family situation
- Other adult in the household who 'removes' themselves when the professional arrives
- Information provided to a professional by a third party
- Change in a child's behaviour or primary carer's behaviour
- New adults answering questions being directed at the primary care giver or child
- Falling into rent arrears
- Changes to the condition of the property
- New vehicles parking at the property
- Change in children appearance or demeanour
- Not keeping pre-arranged appointments
- Constant presence of someone not known at the property/answering the door etc.
- Information may need to be flagged/checked/verified with another professional, not necessarily challenged by the worker at that time. Professionals need to consider asking partner agencies what information they hold about the child and family.

Engaging....

- Introducing yourself or asking to be introduced to another person
- Asking them to introduce themselves
- Enquiring respectfully about other adults who may be in a child's life who can offer support or who may need support. This information could be gained by aiming questions to the adult rather than the child – particularly if they are a single parent / working parent. For example – is there anyone who you can / do ask to help with things around the house or the children?
- All written communication should be inclusive of all key people in a person's or child's life
- Being aware of person's concerns about sharing information due to loss of benefits, implications for housing provisions previous experience of services.
- Offering the next contact at a time when the other adult can be present and noting the response to this. E.g. happily accepted or avoided

- Asking a direct question as to why they are at the property
- Asking where they normally reside.

8.0 Structured Assessment Worksheet Pack – Emotional Wellbeing

The Task and Finish Group have endorsed the tools which the Youth Offending Team utilise as part of their assessment of Emotional Wellbeing as a positive and user friendly tool which practitioners can use to help inform their conversation with the child and family.



HYOT HQ Structured
Assessment Workshe

9.0 Appendices - Agency Flow Charts

1. Children's Services
2. Primary Care
3. Housing
4. Education
5. Midwifery
6. Youth Crime Prevention (YCP) and Youth Offending Team (YOT)
7. School Nursing
8. Health Visiting
9. Family Nurse Partnership
10. Adult Services
11. Police (to follow)
12. Probation – Community Rehabilitation Company
13. Services for Young Children (SfYC)
14. Inclusion- Drug and alcohol (to follow)

Children's Services

Opportunities for gathering information on adults in a household

Aim: to be aware of significant adults living with, or having a significant impact on the lives of children.

CRT/MASH

Information sought from referrer (prompt on Inter Agency referral form (IARF) and verbal prompt from CRT/MASH staff

Information sought from other agencies prior to decision to close/pass to districts for C&F assessment

Adults and children's social care records routinely checked for information on



District team/practitioner-assessment/reassessment/

Further information gathered from other agencies including police at relevant level (prompt on C&F assessment form/S47)

Visit to child/family undertaken and information sought from family including extended family

Information sought from child where possible (age/understanding)

Observation whilst visiting

Adults and children's social care records routinely checked for information on



Child /family in receipt of ongoing intervention/services

Information sought from child/family/other agencies at all stages of contact (prompt-CiN planning or CP planning template/re assessment/S47)

Information sought (or received) from other agencies /individuals including police at relevant level (prompt on C%F assessment form/S47)

Observation whilst visiting

Adults and children's social care records routinely checked for information on

Social care staff should be vigilant about all members of the household, children and adults.

Where new information comes to light the primary adult/s in the household would be asked for clarification as to the identity of 'new' household members or of key adults who are taking an active role in a child's life

Depending on the status of the child (family support/child in need/child in care/child on a child protection plan) detailed information would be requested about any adult/new adult so that formal checks could be made on the local authority recording system and/or via a DB1 (police check)

Primary Care

Opportunities for gathering information on adults in a household

Aim: to be aware of significant adults living with, or having a significant impact on the lives of children.

Children under the age of 16 should be registered at the same practice as an adult with parental responsibility.

At registration post birth

Complete practice registration form to accompany GMS1 form, and obtain proof of ID.

Enter person of parental responsibility in electronic medical record and scan registration form to notes.

Ensure all adults living in the same address are listed, including

- partner address if different from the woman's



Pre-school- boosters

- Have there been any changes?
- Is there a new partner?
- Pay particular attention if there is a change of address
- **If there are changes ensure this is documented / scanned in electronic notes**



Registration of child under 18 with new GP

Consider potential safeguarding risks of young people age 16-18 registering alone

Complete practice registration form to accompany GMS1 form, check proof of ID

Enter person with parental responsibility in electronic record and scan registration form to notes.

Ensure all adults living in the same address are listed, including

- partner address if different from the woman's

When safeguarding concerns arise, remember to ask about all adults living at the same address and significant adults caring for the child and document the details in the child's medical record.

If a child under 16 attempts to register alone or with an adult that does not have parental responsibility, the Practice Child Safeguarding Lead should be alerted.

Housing

Opportunities for gathering information on adults in a household

Aim: to be aware of significant adults living with, or having a significant impact on the lives of children.

Office Interview / Home Visit / Application Information

Ask the question

Do any other adults live at home with you?

Gather evidence Name, DOB, past address(s), relationship to householder, and any other relevant info.



Look for signs:

- Change in householders' behaviour
- Change in Environment

If there are no concerns, update systems and record question asked.



If there are safeguarding concerns:

If there is no immediate threat/risk:

- Report to and discuss with Line Manager and/or Service Team Safeguarding Lead
- Complete online Corporate Safeguarding Report Form
- Update systems and record questions asked.

If there is immediate threat/risk to life report to:

- Police (999)
- MASH (01329 316 113)

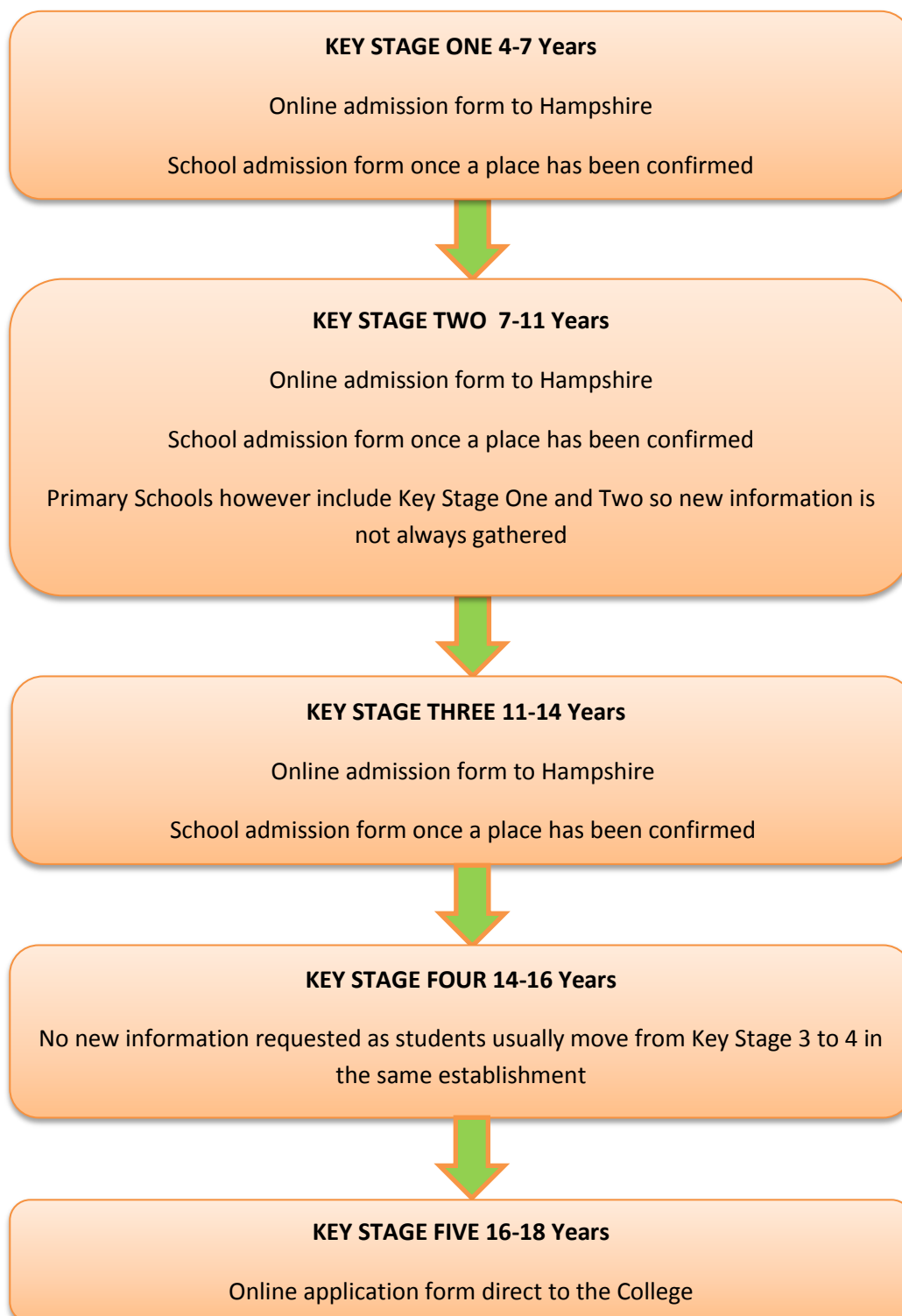
Face to face interviews, home visits, application information provides an opportunity to identify and gather information about a hidden adult living in a household with a vulnerable child or adult. Early intervention could prevent the abuse or neglect of a child or adult.

Education

Opportunities for gathering information on adults in a household

Note: This is a general summary and will not reflect all providers

Aim: to be aware of significant adults living with, or having a significant impact on the lives of children.



The information requested is not consistent across schools or Key Stages.

Generally the information required is:

- **Parent / Carer details (this may only include the details of the parent / carer filling out the form)**
- **Siblings**
- **Other contacts in case of emergencies**

Some schools have adapted forms to include things like:

- **Is the child subject to a Court Order**
- **Is the child adopted**
- **Is the family military (requested generally to secure Pupil Premium funding)**

Points to consider:

- **How do we impact on Free Schools and Academies?**
- **Should we request anything different / more for Casual Entrants?**
- **Addresses for the last 3 years**
- **Names of people living at the address**
- **Older siblings who no longer live at the address**
- **Details of hospital attendance**

Midwifery

Opportunities for gathering information on adults in a household

Aim: to be aware of significant adults living with, or having a significant impact on the lives of children.

At booking

Ensure all adults living at the same address are listed, including

- Partner/father of unborn baby address if different from the woman's
- parents/grandparents/adult siblings/wider family members/lodgers



Re-visit information at pre-birth planning visit at 34 weeks

- Have there been any changes?
- Is there a new partner?
- Pay particular attention if there is a change of address

If there are changes ensure this is documented in the handheld records and/or hospital notes. Inform other agencies if appropriate.



Postnatal home visit

- Are there any changes?
- Are there any clues that there may be other adults in the home not already known about?

Ensure the postnatal module/record is updated and information is shared with other agencies if involved.



Ensure there is a robust handover to Health Visitor when maternity care is finished or concluded.

Document the handover of care

Youth Crime Prevention (YCP) and Youth Offending Team (YOT)
Opportunities for gathering information on adults in a household

Aim: to be aware of significant adults living with, or having a significant impact on the lives of children.

Referral accepted – Youth Crime Prevention (YCP)
Child issued with out of court disposal or sentenced through court – YCP / YOT
Referral Order made / Court report being prepared - YOT

Agency checks are completed (ICS / Impulse etc.).

A home visit should be arranged as part of the report / assessment process – a home visit risk assessment to be completed by YCP / YOT worker prior to visit.

If any concerns are raised police can be asked to carry out further checks.

Parenting Officer will carry out an assessment where a need is identified for a Parenting Order (including who the key adults are)

Restorative Justice Officer will have contact with the parent in cases where the parent is the victim of violence from the child.



Where an assessment or assessment review is undertaken

Information gathered from other key agencies

Visit to child/family undertaken and information sought from family including extended family

Information sought from child

Child and parent / carer are encouraged to complete separate self-assessment forms.

Observations made during home visits

Children's social care records are routinely checked for information where a 'new' adult is identified, or checks made via police admin.



Where the child /family are in receipt of ongoing intervention/services

Information sought from child/family/other agencies at all stages of assessment, intervention and review

Information sought (or received) from other agencies /individuals including admin staff supporting YOT from other agencies eg police

Observations made during home visits and other contacts

Specific intervention tools used eg those found in 'emotional wellbeing structured assessment' pack which identify key historic and current adults eg exercises using genograms, identifying sources of support and key timelines in a child's life.

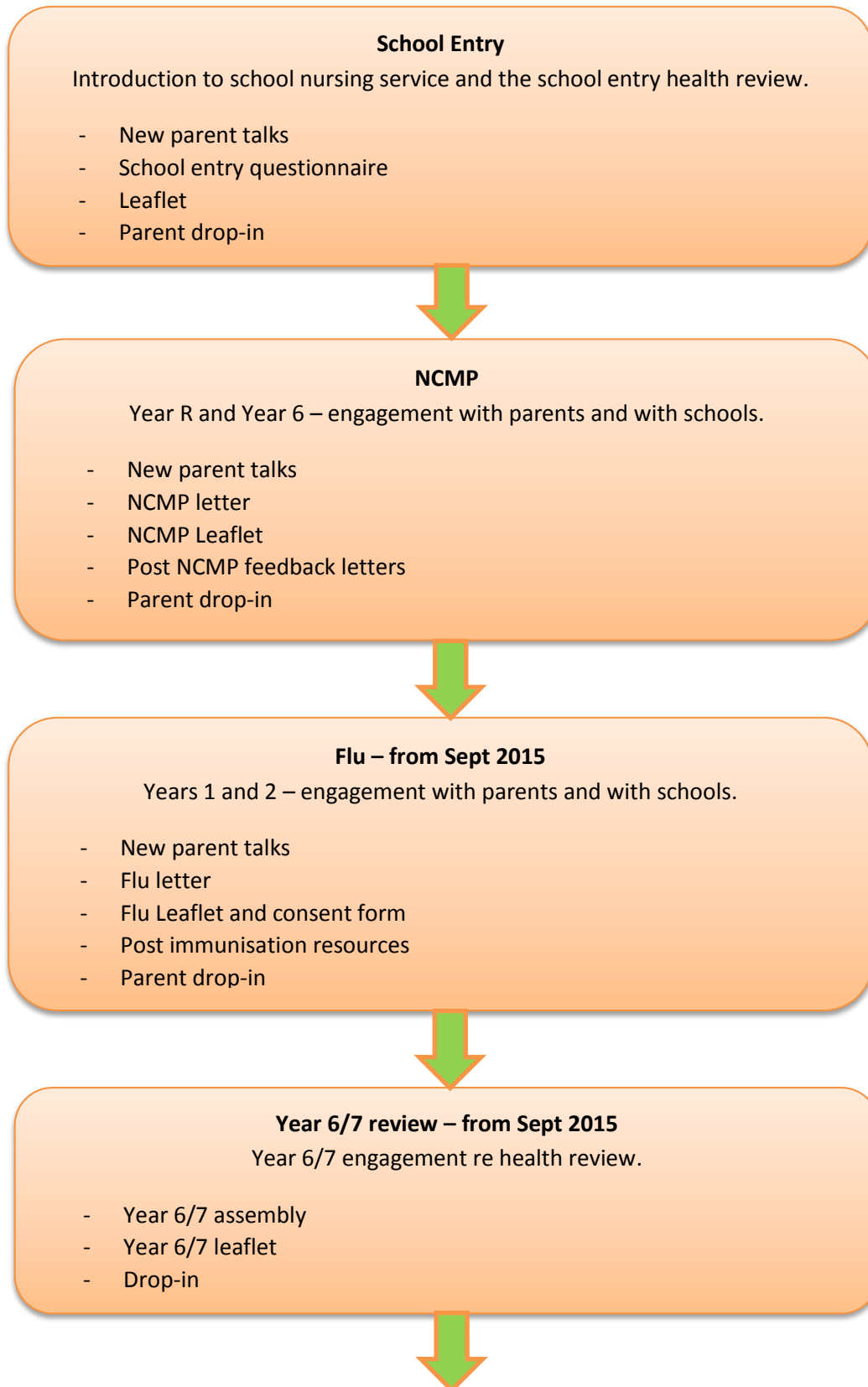
YCP / YOT staff will always be vigilant about all members of the household, children and adults.

Where new information comes to light the primary adult/s in the household would be asked for clarification as to the identity of 'new' household members or of key adults who are taking an active role in a child's life.

School Nursing

Opportunities for gathering information on adults in a household

Aim: to be aware of significant adults living with, or having a significant impact on the lives of children.



HPV, School leaver booster and Men ACWY

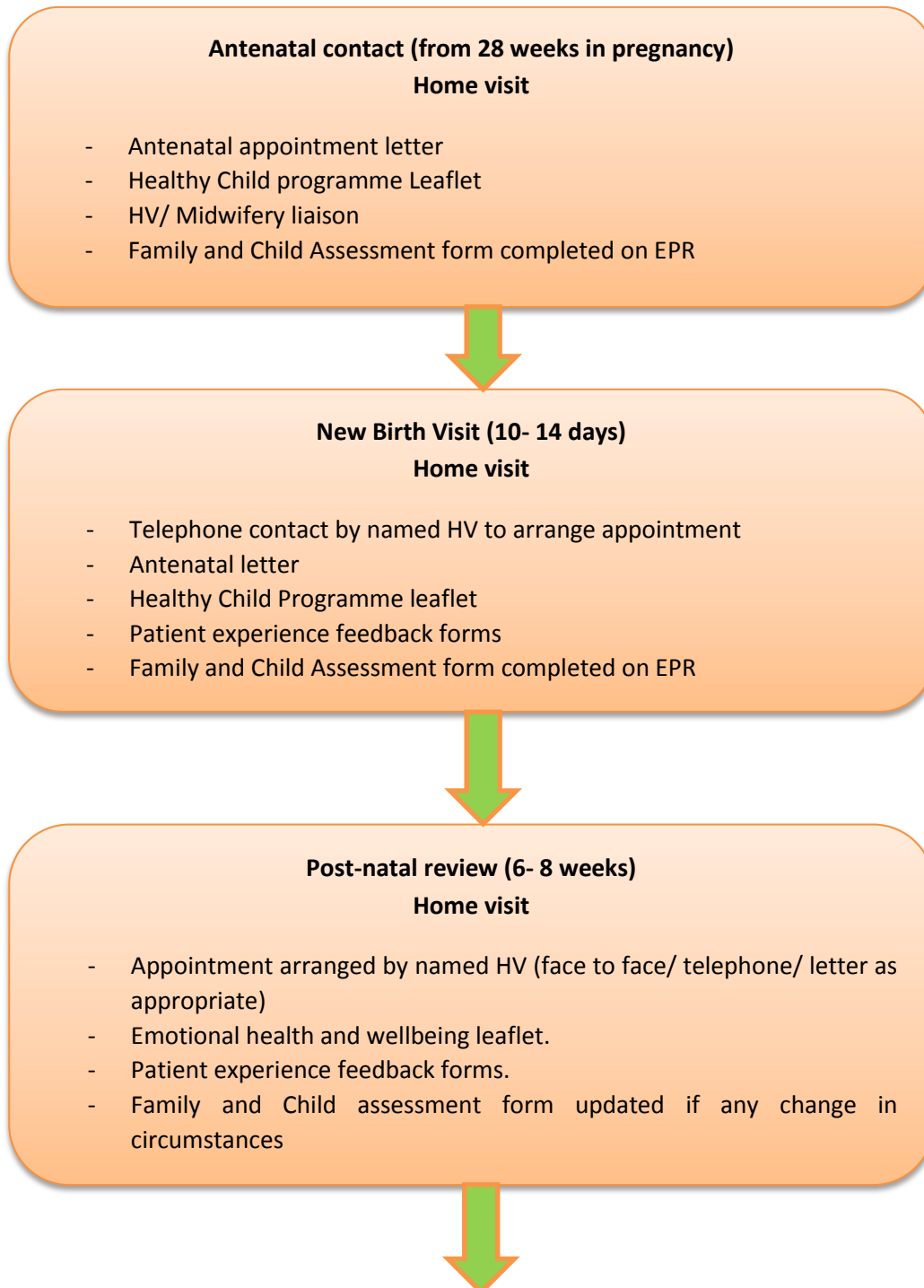
Year 8 and year 10 engagement re immunisation and consent

- Immunisation assembly
- HPV, Men ACWY and school leaver booster leaflet, information letter and consent form
- Drop-in

Health Visiting

Opportunities for gathering information on adults in a household

Aim: to be aware of significant adults living with, or having a significant impact on the lives of children.



Health Review 1

Face to face : In clinic/ home

- Health review appointment letter
- Follow up by telephone as per policy
- Patient experience feedback forms
- Family and Child Assessment form updated if any change in circumstances



Health Review 2

Face to face: In clinic/ home

- Health review appointment letter
- Follow up by telephone as per policy
- Patient experience feedback forms

Family Nurse Partnership

Opportunities for gathering information on adults in a household

Aim: to be aware of significant adults living with, or having a significant impact on the lives of children.

Engagement visit to introduce FNP service Home or elsewhere



Pregnancy visits

Delivery of pregnancy part of FNP programme when client enrolled. Home or elsewhere according to client.

Weekly visits for 4 weeks.

Fortnightly visits until baby is born.

Family and Child assessment form completed for baby.



Infancy and Toddler visits

Delivery of infancy part of FNP programme following baby's birth.

Weekly visits for 6 weeks.

Fortnightly visits until child is 20 months old.

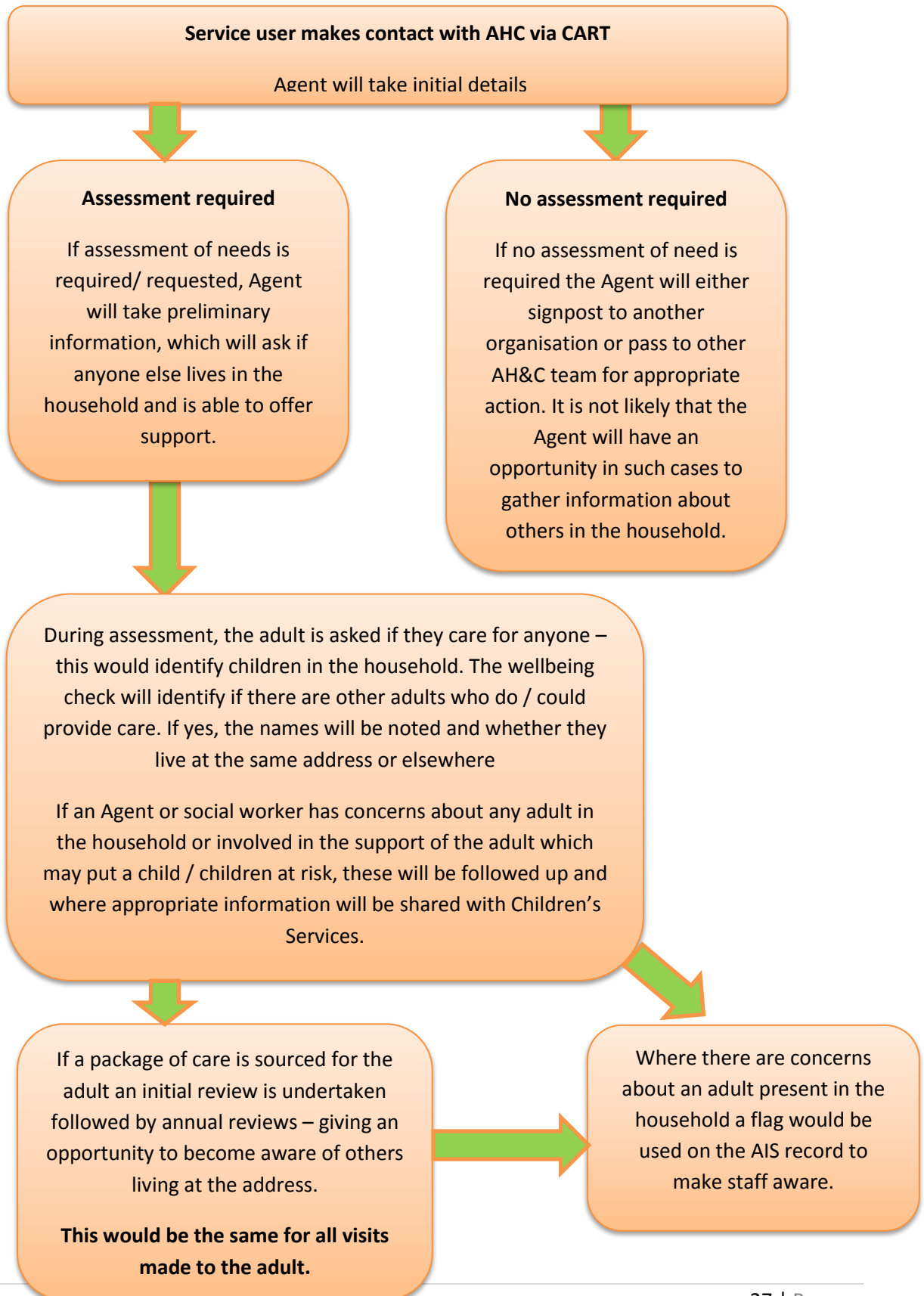
Monthly visits until child aged 2 years.

Family and child assessment form completed for baby and reviewed if significant changes.

Adult Services

Opportunities for gathering information on adults in a household

Aim: to be aware of significant adults living with, or having a significant impact on the lives of children.



Police

Opportunities for gathering information on adults in a household

Aim: to be aware of significant adults living with, or having a significant impact on, the lives of children.

Control Room/PCC/Station Enquiry/Custody Centre Staff

Gather full information at every opportunity

Seek information to establish identity of all adults involved.

Unidentified Adults: Any unknown adults who are capable of protecting the child? Or who pose a risk to the child?

Who else is living in the home? Who else regularly visits the home?

Voice of the Child: How is the child? Are they well? How do they feel about the adult/s?



R & P/P & N/Investigations/Roads Policing/All Specialist Teams

Gather full information at every opportunity

When visiting child/family, seek further information, including from extended family

Unidentified Adults: Any unknown adults who are capable of protecting the child? Or who pose a risk to the child?

a. Who else is living in the home? Who else regularly visits the home?

When did they arrive? Where did they come from? Why are they here? What connections to the family? Do you know them well, their background? What do they do with the family?

b. Who else has contact with the child/family?

What is their relationship? What contact? When, where, why?

Voice of the Child: How is the child? Do they appear well? How do they feel about the adult/s?

Assess against: [HSCB Thresholds Chart](#) and [HSCB Recognising Neglect in Children](#)

Observations whilst visiting: Health and well-being, home conditions, relationships?



MASH

Check information on Referrals/PPN1s is updated and accurate on all records

Link all persons and addresses with correct designation (Residence, Address sometimes used, etc)

Use wildcard searches, and if there are duplicate records, merge to one accurate record

Police should be vigilant about all members of the household, children and adults.

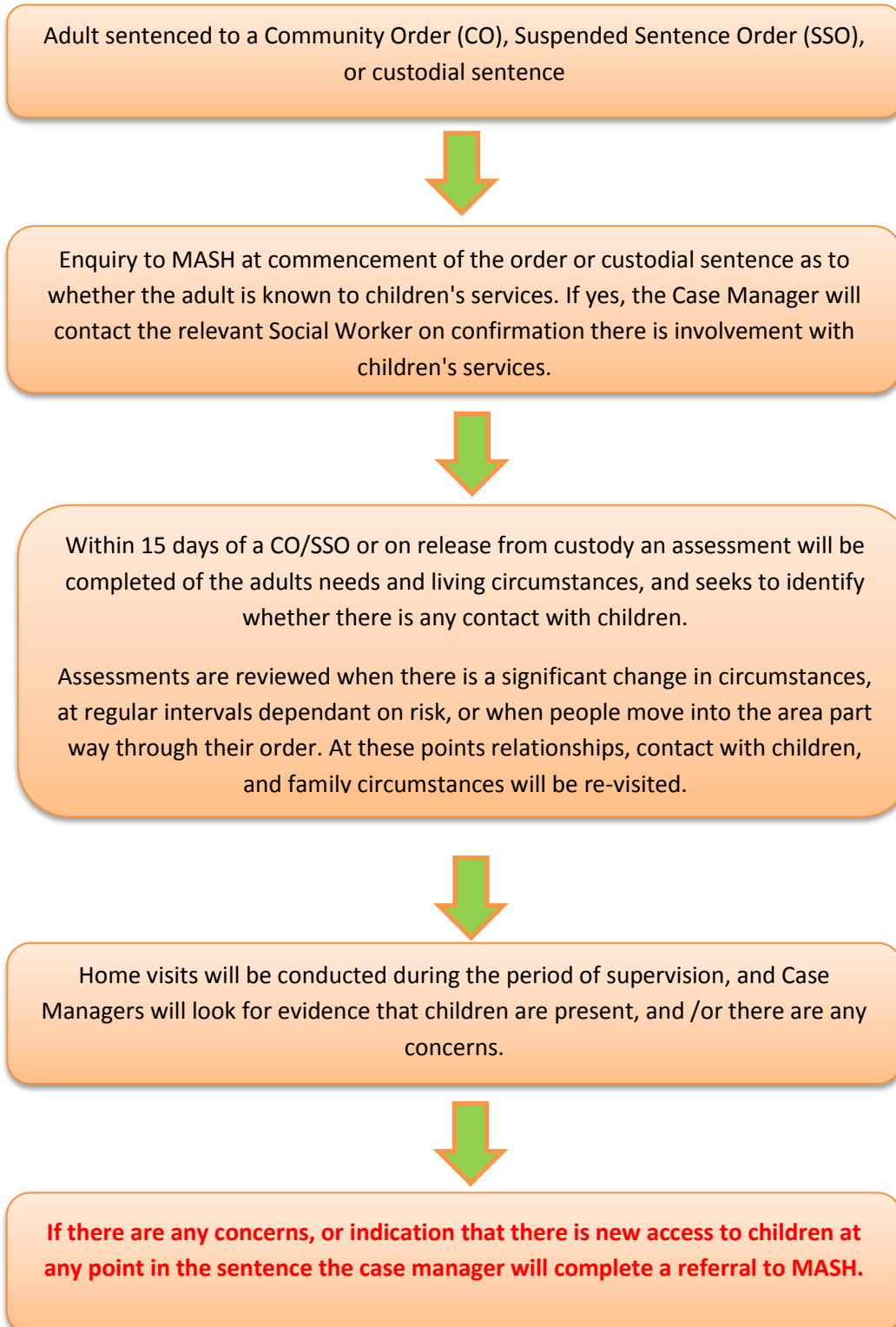
Where new information comes to light the adult/s in the household would be asked for clarification as to the identity of 'new' household members or of key adults who are taking an active role in a child's life

Depending on the incident involving the child detailed information would be requested about any adult/new adult so that formal checks could be made on databases that Police have access to.

Probation – Community Rehabilitation Company

Opportunities for gathering information on adults in a household

Aim: to be aware of significant adults living with, or having a significant impact on the lives of children.



Services for Young Children (SfYC)

Opportunities for gathering information on adults in a household

(This is only the information from SfYC services that work directly with children and/or their families and not for early years education and childcare (EYE) providers; as these are independent organisations)

Aim: to be aware of significant adults living with, or having a significant impact on the lives of children.

On receipt of a request for support for Portage or Early Support

Signed consent forms give the opportunity to highlight adults who are in the child's life



Initial home visits for Portage and Early Support

Initial information gathering gives the opportunity to ask about adults in the child's life, who will be present in the residence during home visits and for the identity for anyone who is present at the time of the initial home visit to be identified



Ongoing home visits (Portage and Early Support) or Team Around the Child meetings (Early Support)

Home visits give an ongoing opportunity to ask about adults in the child's life, who will be present in the residence during home visits and for the identity for anyone who is present at the time of the home visit to be identified

Team around the child meetings (TaC -Early Support) include the opportunity to explore the adults who are in the child's life

HCC managed EYE settings will explore through ongoing contact with parents and with the adults who pick up/drop off at the setting

What questions should be asked?

Who the adult is/What is their name?

Where the adult lives?

Is the adult in the residence often?

Relationship to the child/family?

What should be done with the information when it is gathered?

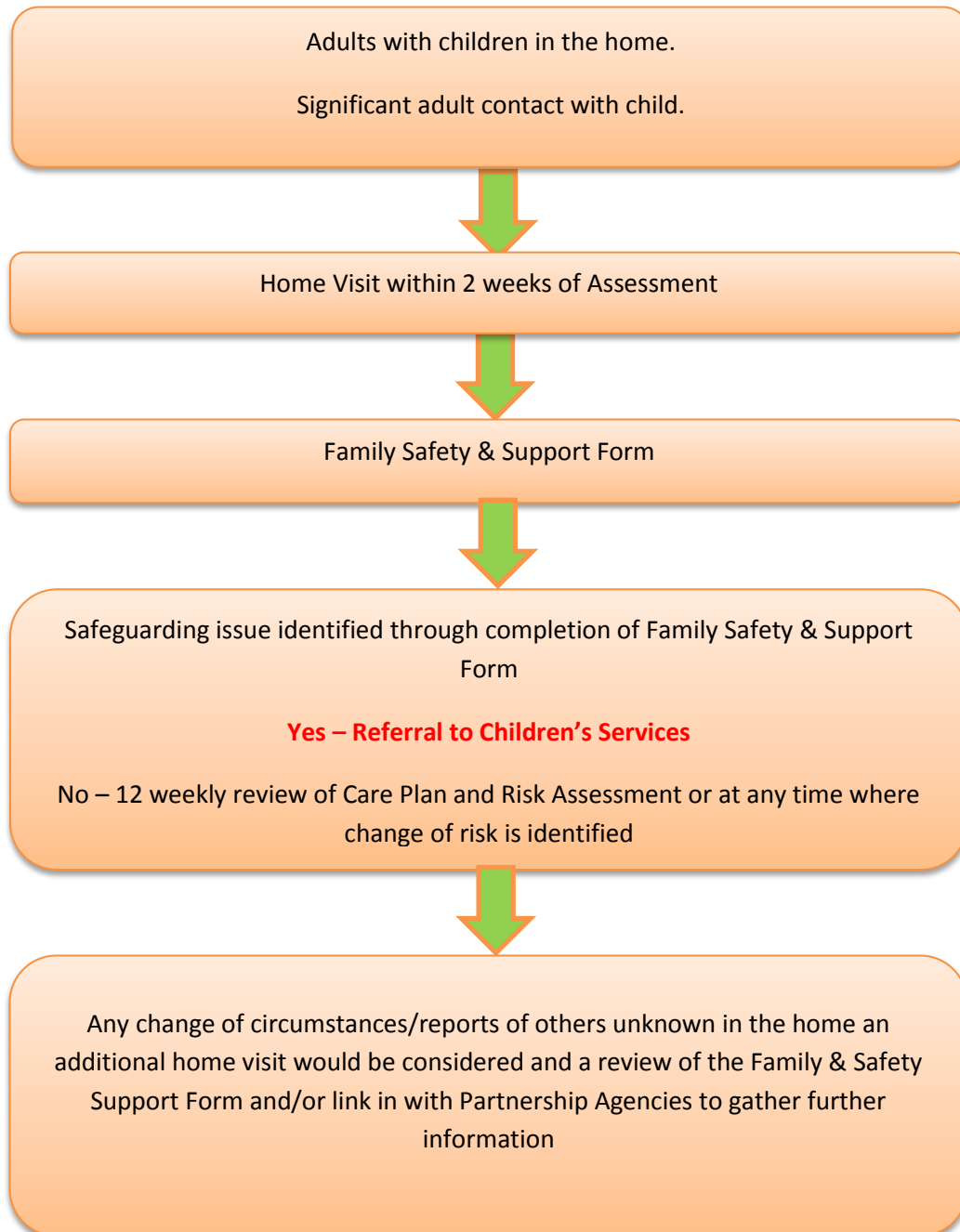
It is part of the casefile recording.

Where there are concerns appropriate safeguarding and/or lone working procedure are followed.

Inclusion- Drug and alcohol

Opportunities for gathering information on adults in a household

Aim: to be aware of significant adults living with, or having a significant impact on the lives of children.



4.0 Unidentified Adults – Survey Results



Hidden Adults

HSCB Task and Finish Group
June 2017

Powered by  SurveyMonkey

Process

BACKGROUND:

A considerable amount of Serious Case Reviews (SCR) and Multi-Agency Reviews within Hampshire identified parental/carer mental ill-health, domestic abuse and substance misuse issues as contributory factors which were present within the family home at the time of the child being injured or killed. All of the SCR's reviewed prior to the 'Hidden Adults' task and finish group commencing highlighted issues within the family home including separation, divorce and external factors such as extended family members residing in the property and step parents living within the same household.

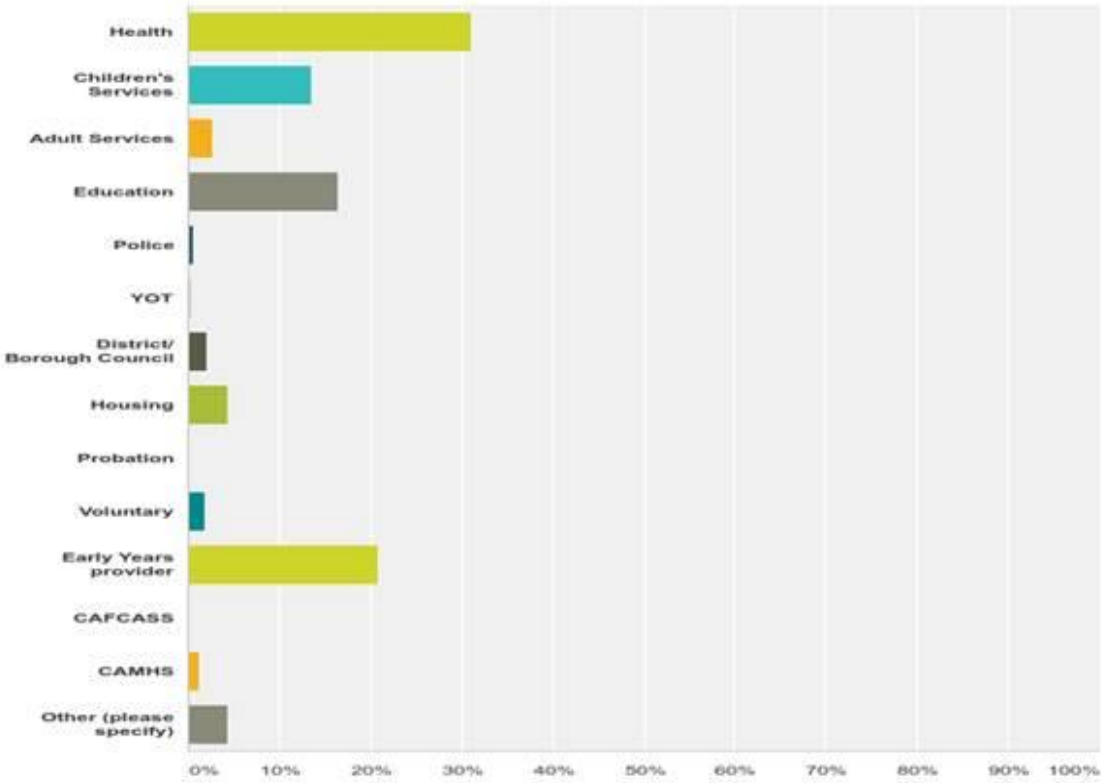
AIM:

The Hampshire Safeguarding Children Board's, 'Hidden Adults' task and finish group devised a Survey Monkey to enquire as to what level of understanding professionals working across Hampshire have regarding the 'hidden adult' and 'think family' concept. The aim, is to understand the level of understanding, training and barriers to routinely enquiring about who lives in the household with a child and make reasonable recommendations to the HSCB as a result of the audit.

METHOD:

The Hampshire Safeguarding Children Board circulated the Survey Monkey to all sub-group members with a covering letter from Derek Benson, the HSCB Independent Chair. The task and finish group members also encouraged professionals within their agencies to complete the survey. A total of 608 professional responded to the survey and this report intends to present the findings and make recommendations to the HSCB based on the analysis of the results.

Q1: What organisation do you work for?



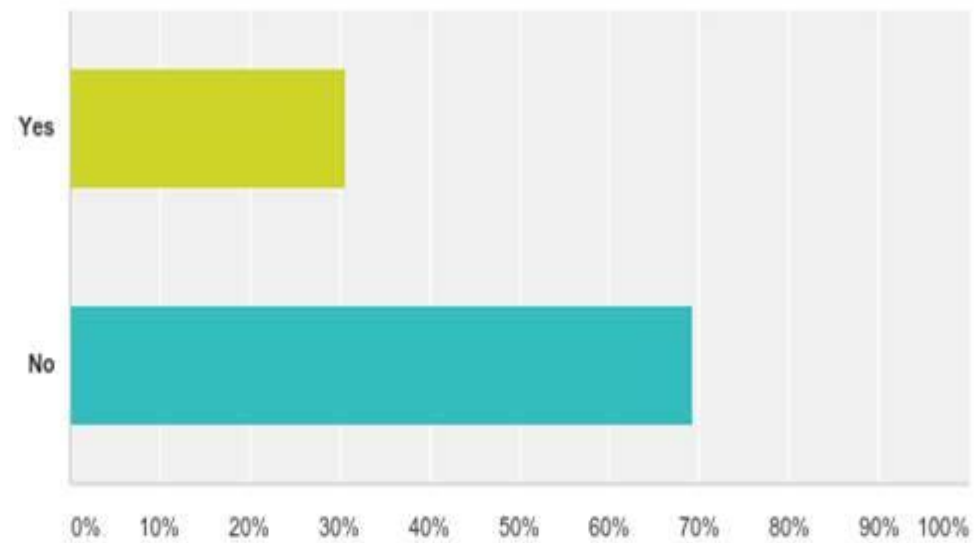
Q2 What is your job role

Answered: 607 Skipped: 1

Consultant Deputy Head **Leader** Emergency
Social Worker Sister **Health Visitor**
Paediatric **Childminder** Doctor **Nurse**
Safeguarding Lead **Manager** Coordinator
Head Teacher Clinical **Support**
Housing Officer **Midwife** Neighbourhood Officer
Practitioner Home Visitor **Pre-school**

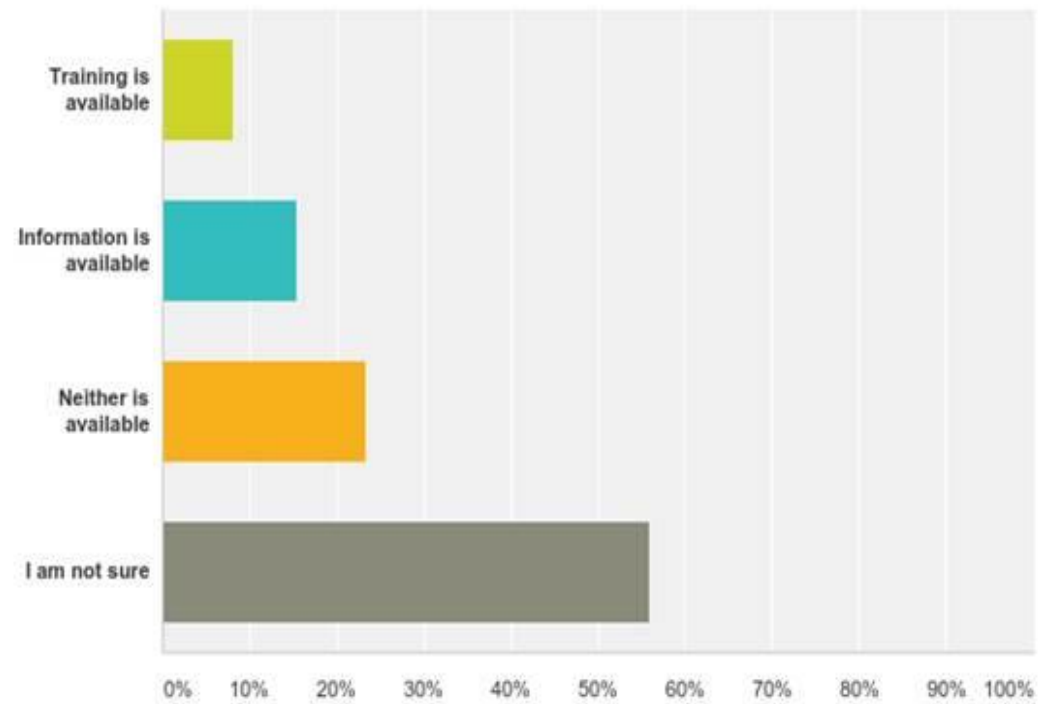
Q3 Are you aware of the "Think Family" concept

Answered: 607 Skipped: 1



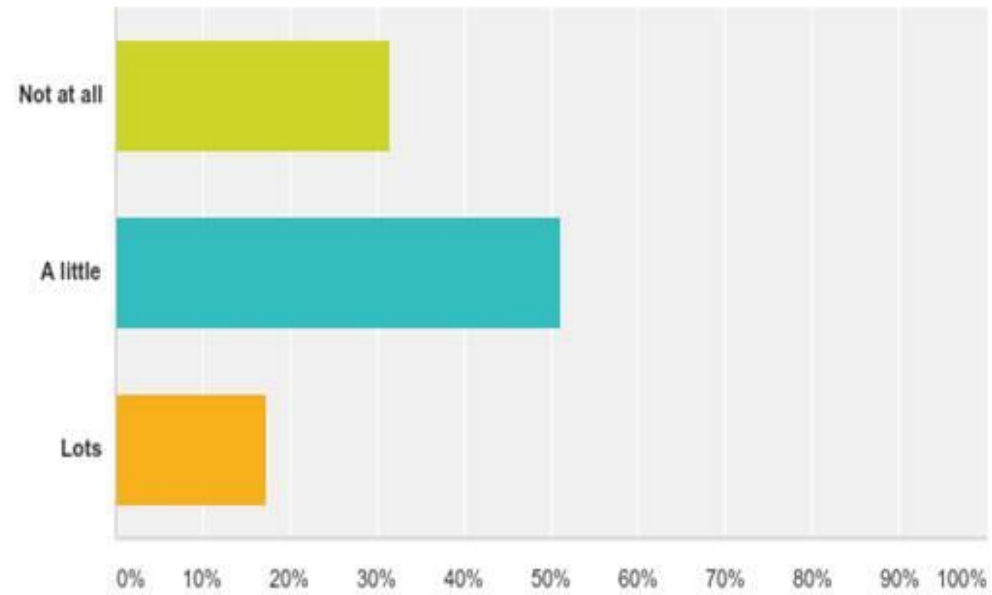
Q4 Is information/ training available about hidden adults within your organisation

Answered: 606 Skipped: 2



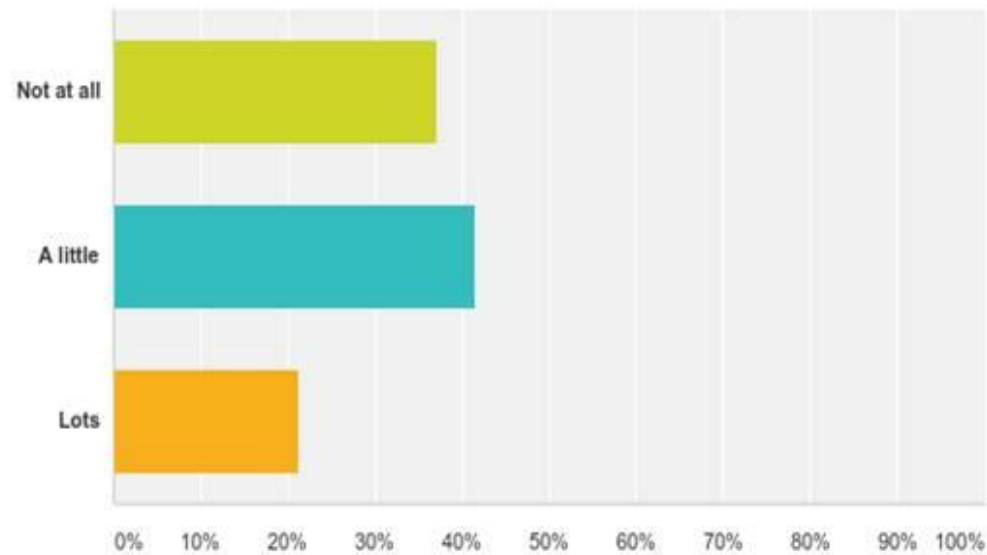
Q5 Have you received any training or information on the importance of knowing who lives in the house with a child?

Answered: 601 Skipped: 7



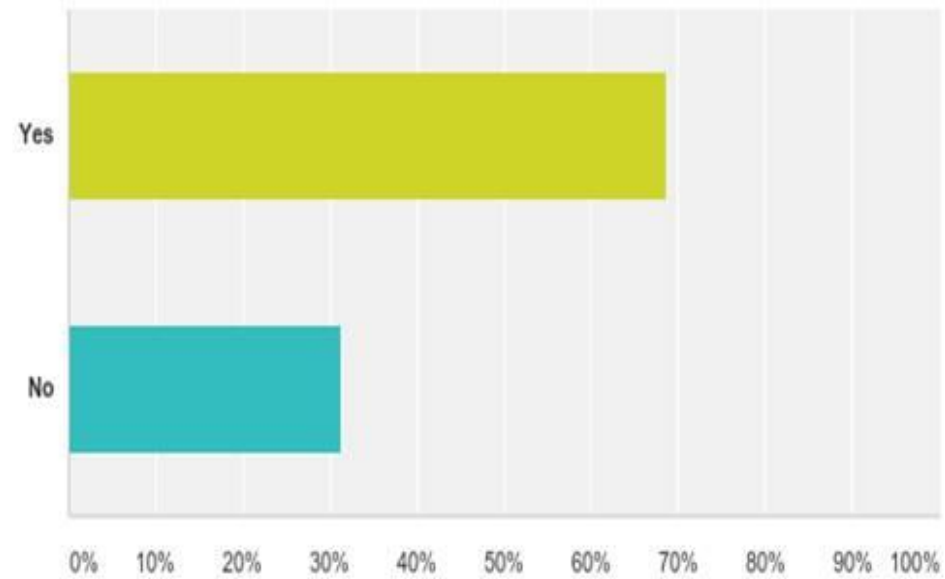
Q6 For those professionals working with adults have you received any training or information on the importance of knowing if a child is living within the house?

Answered: 368 Skipped: 240



Q7 Do you routinely ask the question "who lives in the household"?

Answered: 604 Skipped: 4



Q8 What are the barriers to asking who lives within the household?

Answered: 495 Skipped: 113

Conversations Limited Role Nosy Aware Process
Truthful Honesty Child Able Lives Privacy
Parents Situation Ask Contact Family
Young Barriers Clients Think Nosey Patient
Customer Relevant Mental Honest

Q9 What would enable you to feel confident to ask questions about who is living within a household?

Answered: 442 Skipped: 166



Q10 Does your organisation have plans to develop any training or other work relating to identifying who is living within a household that you would like to include in this work?

Answered: 486 Skipped: 122

Question Safe Not Known Lead Form Ensure
Ask Look Staff Plans
Not that I am Aware
Not at the Moment **Training** Unaware
Unsure Team Present Idea Unknown
Highlighted Household Level 3 Safeguarding Children Think
Not Currently

Analysis

- Nearly all agencies provided a response to the survey, health contributing the highest response. Probation and CAFCASS were the only agencies who failed to submit a response
- Nearly 70% of professionals highlighted that they are not aware of the 'Think Family' concept
- A majority of professionals indicated that information and training is either not available or they were not sure if it was available
- Most professionals identified that they had 'a little' amount of formal training regarding the importance of knowing who lives in the house with a child. 32% identified that they had not had any training, whilst 18% responded that they had had 'a lot'
- Most professionals who work with adults identified that they had received 'a little' or no training regarding the importance of knowing who lives with a child. Just over 20% identified that they had received 'lots'
- Most professionals >65% identified that they routinely ask the question 'who lives in the household'. This demonstrated that despite most professionals receiving 'little' training, a majority were professionally curious which is good practice.
- Professionals identified a number of barriers to asking the questions. The responses highlighted the following issues: feeling nosy, not their role to ask, depends on the situation, language barriers, difficult conversations, not in the process/on the paperwork, not relevant to their role.
- Professionals identified what would enable them to feel confident to ask questions. Responses included: include a question on the form/assessment/questionnaire, training, guidance, relationship building/trust, normalise the process and having the confidence to ask.
- Professionals identified that a majority of organisations do not have plans to develop training, or were not aware of any. However, there were a number of responses who highlighted that they will consider including hidden adults in their training as the survey had made them think about the subject.

5.0 Primary Care Audit



West Hampshire Clinical Commissioning Group
North Hampshire Clinical Commissioning Group
North East Hampshire & Farnham Clinical Commissioning Group
South East Hampshire and Fareham & Gosport Clinical Commissioning Group

Safeguarding and Looked After Childrens Team

Primary Care Audit

Registration procedures for children aged 0-18 NEHF CCG

Author Dr Sharon Kefford

Date 27.6.17

Background

Recent Learning and inquiry group investigations in Hampshire had shown the presence of “Unidentified Adults” in Childrens lives when in toward events or events leading to serious case reviews were identified. These “Unidentified Adults” may have a protective or negative influence on a child and their main care givers lives. The learning and inquiry group set up a task and finish group to look at multiagency identification of “Unidentified Adults”.

The term “Hidden Adult” is a Hampshire Safeguarding Childrens board term to describe significant adults in a Childs life that professionals are unaware of. The group looked at key times in a Childs life when professionals could try and identify who lived in the household with a child and which adults had significant impact on the Childs life. A flow chart for each agency was produced to identify key opportunities for gathering this information from parents. One of the key times this information could be collated in primary care is registration of children either as a baby or new patient with a GP.

However practices follow their own registration procedures and there is not a standard registration form for children. All practices must complete a GMS 1; this contains information regarding previous GP, but does not contain next of kin or personal information. Practices can then ask for a practice registration form to be completed to collect further social and medical data. It was therefore uncertain if information regarding adults, care givers and those with parenteral responsibility was being collected and recorded by practices.

Aims and objectives

The overall aim of the audit was to establish whether primary care practices were collecting information regarding adults living with or involved in a Childs life.

The audit reviewed current Wessex LMC guidance regarding registration of children and bench marked the registration procedures of practices against this.

As well as identifying parents, carers, adults living in the household and adults with parental responsibility for a child. The LMC suggests that registration information regarding previous GP, schooling, previous history of a social worker, should be collected when a child 0-18 years old registers with a practice.

The child should register with the same practice as an adult with parental responsibility. If a child attempts to register alone or a child 16-18 years old registers alone this should be discussed with the safeguarding lead and safeguarding guidance followed.

Methodology

An e-mail was sent to the safeguarding leads and practice managers in all 22 primary care practices in North East Hants and Farnham CCG enquiring re registration procedures for children and requesting copies of in house registration forms.

“Please can I ask for your help on a piece of work we are doing looking at the family members within a child’s household. To identify Unidentified Adults.

I have spoken to a few GPs and we seem to be doing different things when we register children.

Some practices complete the GMS registration form only which does not contain information re next of kin.

Others use a practice designed registration form for the parent to complete along with the GMS form.

I would be grateful if you could let me know what process you follow in your practice and if you could attach a copy of your in house registration form for under 18s if you have one.

Many thanks"

Results

E-mail responses 13/22 59%

Type of registration form used

<i>Practices using GMS registration forms only</i>	2	15%
<i>Practices using GMS and generic adult registration form.</i>	5	39%
<i>Practices using GMS form and 0-18 registration form.</i>	4	31%
<i>Practices using GMS form and 0-5 registration form.</i>	2	15%

LMC criteria included in registration form

Parent / carer with Parental responsibility and relationship to the child.

7 54%

Previous or current history of a Social worker or Childrens services input.

0 0%

Current Education

1 7.8%

Other practice procedures

All practices participating in the audit did state that the receptionist asked whether the adult accompanying the registering child was a patient in the practice. Most practices also viewed the household button at the registering address to check that the child was accompanied by an adult registered within the practice.

Proposed Actions

The audit demonstrated that Hampshire primary care practices have varied procedures when registering a child under the age of 18. Whilst all complete the GMS form which provides information regarding previous GP. The collection of other information such as schooling, persons with parenteral responsibility, significant adults in a child's life and history of Childrens service involvement is inconsistent.

The audit will be repeated in the South East Hants Fareham and Gosport CCG area.

Following the South East Hants Fareham and Gosport audit we plan to produce a template for a primary care registration form for children. This will encompass the suggested LMC criteria. LMC guidance is attached.

This form will then be reviewed by the Hampshire safeguarding and looked after Childrens team, local Hampshire GPS, HSCB and Wessex LMC.

A final document will then be distributed to practice and added to the Wessex LMC website to sit along their guidance.

6.0 Unidentified Adults / Think Family – Training Pack



Unidentified Adults Definition

The term 'Unidentified Adults' refers to an adult who agencies are not aware of, or not engaging with. They could be living within a household where children live or with someone who has regular contact with children. This can be in any capacity (such as parent, partner, grandparents, non-family member etc.)

Risks of not engaging

The risks of not engaging effectively with adults who have regular contact with children or live within the family home includes understanding:

- Understanding what the child's main caregiver and other family members might be saying about the 'Unidentified Adults' role within the family
- The positive contribution which they might make to the needs and welfare of the child
- What support they may offer to the family
- Any risks which they might present

Think Family/Engagement

- There can be an overreliance on engaging with the mother (or main care giver) and forgetting that other adults may be having an influence on the child's life
- Professionals must consider who else is present in the child's life and consider how to engage with them
- Children will often share information with professionals and this must be listened to.

Sharing Information/Think Family

- Professionals working predominantly with adults who have regular contact or are living with children do not always share information about potential risks with other professionals supporting children
- Failing to identify and/or engage with adults who have regular contact with children ignores the adults fundamental importance in a child's emotional and psychological development
- When a child's needs are not being met by their main care giver, an alternative adult may be able to provide the protection and stability that the child needs.

Sharing Information/Think Family

- Ensure that information is sought from all agencies that could be involved with the family. E.g. Housing and probations services.
- Ensure all services involved with the family are invited to attend key meetings and share information.
- Ask directly about potential risky behaviours such as drug and alcohol use and signpost to services that could help.
- Consider mental health and other issues such as Domestic Abuse.

General Principles/Think Family

- In all assessments, always put the child's needs before those of an adult
- During pregnancy and after birth, make active enquiries about the child's father, the mother's relationships and any adults in contact with the child
- Identify any new adults who have significant contact with children. Always clarify who the members of a household are each time you visit a family, be aware that some individuals may have a number of aliases or alternative spellings
- It can be difficult to get parent/carers to open up and discuss their partners' involvement in their children's lives. Supervisors should support practitioners to find ways to engage with parent/carer and build trust.

Engaging with adults

- Always emphasise to parents the crucial role that adults have on a child's health and emotional wellbeing
- Consider how fathers and other adults could contribute to an assessment of the child's needs
- Consider those with parental responsibility who appear not to be directly involved in a child's life. Ensure they are aware of safeguarding concerns relating to their child unless there are significant reasons not to
- Consult about plans and invite to child protection conferences and core group meetings.

More Information?

The Hampshire Safeguarding Children Board has produced:

- **‘Working with Unidentified Adults - Best Practice Guide’**
- **‘Working with Unidentified Adults – Top Tips’**
- **Unidentified Adults Web Toolkit**

These documents are intended to support practitioners in their engagement with families.



Unidentified Adults -
Slide Deck V 3 FINAL.

The PowerPoint is embedded for agencies to access

