

# ADOPTING A FAMILY APPROACH

## Practical Tips

## Prompts for Professionals Working with Adults, Children and Families

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

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

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

- Are you treating or providing a service to a parent/carer, family member with a mental illness, a drug and alcohol misuse problem, a learning disability or adults who are victims or perpetrators of domestic violence?
- Does the person have the mental capacity to make a decision about their care and support of a child or about their own needs of care and support?
- Do they have children?
- Do they have childcare responsibilities or caring responsibilities for adults with care and support needs?
- What are their ages?
- Is there a young or adult carer within the family? (See the Adopting a Family Approach [Short Guide Series](#) on Accessing the Support Needs of Carers, Carers & Safeguarding and Adult Care & Support Needs.)
- Does the parent/carer/ partner or other adult have very unrealistic expectations of a child, for example, expecting the child to take the emotional place of a grandparent who has recently died? Or expecting children to look after younger siblings?
- Have you considered the impact of your patient or client's illness/disability/situation on their ability to meet the development and safety needs of their children and/or

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unborn child/adult at risk? Please note, for unborn babies please refer to the [HIPS Unborn Baby Protocol](#).

- Have you considered the impact of family functioning, family history, the wider family and environmental factors on the parents/carers capacity to respond to the development and safety needs of the child/unborn child/adult at risk?
- If your client is pregnant have they accessed ante-natal care? Has their partner accessed any help or advice?
- Do you think the family/expectant parents would benefit from any additional services?
- Do you know what other services are involved and what their role is?
- Have you discussed the need for additional services or making a referral to another service, with the parents, carer, expectant parents or other significant adults in the home?
- Do you have any concerns about the wellbeing or safety of the child/unborn child/adult at risk?
- Is action required to safeguard and promote the welfare of the child/unborn child/adult at risk?
- Should a 'lead professional' be identified for the family to coordinate the delivery of services to the child and family? This may help ensure that services delivered to them are integrated, coherent and achieving intended outcomes. The identified professional would:
  - Act as a single point of contact for the family.
  - Coordinate the delivery of the actions agreed.
  - Reduce overlap and inconsistency in the services received.

A lead professional is accountable to their home agency for their delivery of the lead professional functions. They are not responsible or accountable for the actions of other practitioners or services.

- Do you need to discuss this or make a referral to another service?
- Are you maintaining an open stance of professional curiosity to recognise the signs of vulnerabilities and potential, or actual, risks of harm?
- Is your assessment of the child/adult/family regularly reviewed and updated particularly at times of known changes in circumstances?

Professionals working in universal services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work

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together to provide both adults and children with the help they need. Practitioners need to continue to develop their knowledge and skills in this area. They should have access to training to identify and respond early to abuse and neglect, and to the latest research showing what types of interventions are the most effective.

### For services that work with adults

1. Record names, dates of birth, GP and school/early years setting of the children as well as who has parental responsibility for them. Any private fostering arrangements should be [referred to the local authority](#). Private fostering is defined as any private arrangement where a child is being cared for by someone who is not their parent or a close relative, with the intention of lasting 28 days or more. The term applies to children under 16 (or under 18 if they are disabled).
2. Consider any adult at risk in the family and their decision making, their mental capacity to make decisions about their own care and support or the care of dependents, parenting capacity and risk of exploitation.
3. Consider the vulnerability of all children in the family but specifically under-fives and those with disabilities. It should be highlighted that children should never be considered as a protective factor for an adult.
4. Consider the vulnerability of any adults in the family and any unmet care and support needs or changes to their level of risk. Please see the information on the toolkit [contacts page](#) for information on how to refer concerns.
5. Are you maintaining an open stance of professional curiosity to recognise the signs of vulnerabilities and potential or actual risks of harm?
6. Organisations providing adult services should equip their staff on engaging with, and talking to, children and provision of information for them.
7. Ensure there is a safety/crisis plan which identifies someone the child/adult at risk can appropriately call for help.
8. Practitioners should be aware of the need for respectful challenge of the parents /carers/other adults and not accepting facts on face value. Please see the [Practical Tips](#) on Having Honest Conversations found in the toolkit.
9. Consider parental disengagement, disguised compliance and hostility as potentially increased risk factors for the child.
10. Ensure the family make up and history is revisited at regular intervals and there is robust record keeping on this. Practitioners should not assume that a

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parent/carer has no contact with their child purely on the basis that the child lives separately with an estranged partner. In such situations, practitioners need to enquire about contact (supervised or unsupervised). Practitioners should also be aware that serious incidents may have occurred when children in care have been rehabilitated back into the family or there has been a change in the [male or female] partner and services were not aware of the changes.

11. If an adult discloses historical abuse of either an adult or a child follow the relevant protocols and consider any impact on their parental/caring capacity and any risk posed to other children or adults.
12. Consider the need for an Early Help referral if children's services are not already involved in supporting the family and/or expectant parents.
13. If there are no current identified concerns regarding children, record this and continue to monitor and review at regular points.
14. Get consent to share information, where required, at an early a stage as possible and involve other agencies. This could also cover permission to share information with other adults in the family so that they are aware of any issues or support needed.
15. Attend and provide information to children's service meetings as requested.
16. Send minutes of relevant support meetings to key children's services practitioners. This should include minutes of relevant child/adult meetings, for example, a multi-agency risk assessment conference (MARAC), multi-agency public protection arrangements (MAPPA).
17. Inform the child's social worker/lead professional of any significant deterioration in the parents/carers mental health, changes in treatment or treatment adherence, or if new information comes to light which has relevance to the adult's overall progress and parenting capacity, for example, a return to substance misuse. This includes admission to hospital so that immediate care can be considered.
18. When planning and providing services and support to parents/carers, consider their childcare responsibilities and provide, or help them to access, suitable childcare provision to enable them to attend appointments, services and group treatments. Try to provide appointments at useful times, such as within school hours.

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### For services that work with children

1. Record names, dates of birth, GP and school/early years setting of the children as well as who has parental responsibility and anyone who is a regular carer, for example, stepparent, grandparent. Any private fostering arrangements should be [referred to the local authority](#).
2. Consider any adult at risk in the family/family friendship network, home environment and their decision making, mental capacity, parenting capacity and risk of exploitation. Make any referrals where appropriate. For further information please refer to the HSCP [Understanding Unidentified Adults Toolkit](#).
3. Individually consider the vulnerabilities of all the children within the family including those with physical/learning disabilities.
4. Ensure there is a safety/crisis plan which identifies someone the child/adult at risk can appropriately call for help. For very young children consider whether there are 'safe people' that they can talk to, for example, nursery, school, friends.
5. Practitioners should be aware of the need for respectful challenge of the parents/carers/other adults and have a healthy degree of scepticism.
6. Consider parental disengagement/non-engagement/disguised compliance and hostility as potentially increased risk factors for the child.
7. Ensure the family make up and history is revisited at regular intervals and there is robust record keeping on this.
8. If there are no identified concerns regarding parents/carers/other adults record this and continue to monitor.
9. Get consent to share information at as early a stage as possible and involve other agencies. However, if a child is deemed to be at significant risk of harm, follow local child protection procedures and referral processes.
10. Children's professionals should attend adult services meetings as requested.
11. Invite involved adult service professionals to statutory meetings held in respect of children and consider inviting them to a non-statutory meeting if it might be helpful.
12. Send minutes of meetings to key adult services and professionals.
13. Inform adult services of significant changes that will affect the parent/carer or alter the needs of the child, for example, if a child is returning home following a period of being in care.

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14. Whether or not adult services are involved with a parent, utilise advice and information from those services in order to maximise your understanding of the parent/carers problems and the likely impact on the child.