Think Family
Joint-Working Protocol

“Think Child, think Adult, think Family”
The purpose of the Think Family guidance documents is to support agencies to work together to meet the assessed needs of children and families. There are five documents:

**Think Family Joint-Working Protocol**
This is an overarching multi professional guide to working with families. This will inform practice related to local strategy, procedure and tools. In a system that ‘thinks family’, both adults’ and children’s services join up around the needs of the family.

**Think Family Brief Guide**
This is a concise introduction for anyone working with Children, Young People and Families.

**Think Family Continuum of Need**
This is a refreshed continuum. Its aim is to assist practitioners and managers in assessing and identifying a child or young person’s level of need, what type of services/resources may meet those needs and what processes to follow in moving from an assessment to a provision of services.

**Think Family Procedure**
This is a comprehensive procedural guide for managers and practitioners.

**Think Family Catalogue of templates**
This contains all the templates required and referred to in the Think Family Procedure.
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Part 1: STRATEGIC CONTEXT AND SUPPORTING INFRASTRUCTURE

1. INTRODUCTION

Following the government’s Families at Risk Review, the “Think Family” approach was developed to improve the support to vulnerable children and adults within the same family. Individual needs are looked at in the context of the whole family, so clients are seen not just as individuals but as parents or other family members.

Think Family means securing better outcomes for children, young people and families with additional needs by co-ordinating the support they receive from children’s, young people’s and adult services, so that services can better:

- Identify families at risk of poor outcomes to provide support at the earliest opportunity
- Ensure the full range of needs are met within each family they are supporting
- Respond effectively to the most challenging families
- Strengthen the ability of family members to provide care and support each other.
- Ensure universal and specialist services improve the identification of children in need and in need of protection through increased understanding of the impact of an adult’s problems on a child’s life
- Recognise the needs of adults as service users and parents/carers

All practitioners and managers involved with service provision need to be mindful of their professional responsibility to ensure that if they are made aware of or they identify an adult or child who appears to require services that they cannot provide, then they take the appropriate action to initiate a holistic assessment for service. This is irrespective of whether or not the adult or child concerned is the person to whom they are providing a service.

The protocol promotes a move away from a culture and system of:

“\textit{I only work with adults}” or “\textit{I only work with children}”

It will empower managers and staff to demonstrate this commitment and lead on the cultural change.

This protocol is intended as an overarching guide that informs practice related to local strategy, procedure and tools:

- St.Helens Neglect Strategy
- St.Helens Poverty Strategy
- St.Helens Think Family Procedure – A Brief Guide
- St.Helens Think Family Procedure
• St.Helens Child Protection Procedure
• St.Helens Adult Safeguarding Procedure
• St.Helens Continuum of Need
• St.Helens Supervision Tools

The legislative framework and national policy is attached as Appendix 1.

### 1.1 WHOLE FAMILY SYSTEM

In a system that ‘thinks family’, both adults’ and children’s services join up around the needs of the family. Services should:

- **Have no ‘wrong door’**
  Contact with any service offers an open door into a broader system of joined up support. Staff are alert to wider individual and family risk factors and see any opportunity for engagement as a way of meeting need.

- **Look at the whole family**
  Both adults’ and children’s services take into account family circumstances and responsibilities. Services working with different family members should become more aligned, giving consistent messages and similar outcomes.

- **Build on family strengths**
  Services should work to build the capacity of family members to support each other, building on ability of families to deal with present and future problems and take responsibility for their own lives.

- **Provide support tailored to need**
  Tailored and family-centred packages of support should be offered to all families at risk. This would include those families who are already experiencing complex and ongoing problems, but also those who might benefit from a co-ordinated intervention to prevent the escalation of risks. The intensity and complexity of the support package would vary depending on the level of need.

The St.Helens Protocol for Think Family joint-working in the delivery of services to adults and children has been developed in recognition of the changing landscape in which services are currently delivered. For all services, the drive to deliver services in a joined up and integrated way is well-established. However, in doing so, it is essential that joint-working is established throughout agencies at all levels and translated into effective practice on the ground. This Protocol provides the framework for doing so, with the clear aim of formalising and facilitating providers working together in the direct provision of services to children and adults.

The Protocol provides guidance to workers, managers and agencies in order to achieve the aim of “Think Family”.


1.2 STATEMENT OF COMMITMENT

The partners to this protocol recognise that:

The safeguarding and the promotion of the welfare of vulnerable members of the community, whatever their age, is a shared responsibility;

- Effective planning of services requires agencies and professionals to work in partnership with each other and with service users at a strategic level to ensure services are comprehensive, complimentary and co-ordinated;
- Effective service provision depends upon proficient information-sharing; continued collaboration; understanding and mutual respect between agencies and professionals;
- Constructive relationships between individual practitioners need to be supported by a strong lead from elected and appointed authority members and the commitment of, and leadership from, chief officers and senior managers of partner organisations;
- Individual practitioners need to be facilitated in meeting their responsibilities under this protocol through the provision of appropriate training, adequate resources and high-quality management support and supervision.

And agree to:

Actively implement the protocol within their own agency by:

- Promoting ownership of it at all levels
- Ensuring dissemination to all staff
- Agreeing a training programme
- Monitoring implementation and compliance

1.3 ENDORSEMENT

The partners on the following Boards endorse the principles and practice laid out in the protocol and fully support its implementation throughout St Helens Local Authority.

- Children’s Trust Board,
- Local Safeguarding Children, and
- Adult Safeguarding

The organisations represented on these groups are:

- Merseyside Police
- Halton and St Helens PCT
- Connexions
- St Helens Chamber
- Halton & St Helens Voluntary and Community Action
- St Helens and Knowsley Hospital Trust
• St Helens Y.M.C.A
• NHS 5 Boroughs Partnership
• Merseyside Probation Service
• Schools and Colleges in St.Helens
• SHAP Ltd
• NSPCC
• Merseycare NHS
• Nugent Care
• Children and Family Court Advisory and Support Service (CAFCASS)
• Council representatives from Adult Social Care and Health, Children and Young People’s, Corporate and Community safety, Urban Regeneration.

All these partners will be working to implement Think Family across the borough.
1.4 OUTCOMES

The impact of this protocol should be measured by each signatory internally monitoring and reporting on changed practice, which will then impact on the high level outcomes below. Please refer to Appendix 2 for suggested outcome measures.

1. Economic Well-Being
   • Improved access to appropriate support, benefits and work opportunities for families and carers

2. Improved Health
   • Improved access to treatment and monitoring of the impact of adult treatment on children, including treatment for substance misuse
   • Increased provision for analysis of local and regional need and success measure

3. Improved personal dignity and autonomy
   • Improved training and support to both the adult and children’s workforce
   • Improved outcomes for all children of parents or carers, with drug and alcohol dependence, mental and physical ill-health, including children who may have caring roles in the family

4. Improved quality of life
   • Improved support for adults in their parenting role
   • Improved care planning informed by a ‘think child, think parent, think family’ approach
   • Improved collaborative practice between agencies and shared case management
   • Improved support to, and protection from, inappropriate caring for children and young people undertaking caring roles for their parents and siblings, resulting in reporting of improved quality of life

5. Making a Positive Contribution
   • Improved access and attendance in education and training

6. Exercise Choice and Control
   • Improved access to appropriate support services for the whole family in line with the personalisation agenda

7. Freedom from discrimination or harassment
   • Improved safeguarding and promoting of the welfare of children and young people whose health or development may be being impaired as a consequence of parental health and social problems
   • Improved joint-working between adult services and children’s services, providing an integrated approach to ensure that their
functions are discharged having regard to the need to safeguard and promote children’s welfare

• Improved identification of safeguarding and welfare issues for vulnerable adults
• Recognition that Identifying a need for support should be seen as a potential way of avoiding rather than precipitating safeguarding measures

## 1.5 SCOPE

This protocol relates to but is not limited to all partner agencies within the Local Safeguarding Children’s Board (LSCB) and Safeguarding Adults Board, including those below:

- Children's services, including children's centres, early years’ services, young carers, learning disabilities, social care services, substance misuse services and Youth Offending Service
- Education and learning services, educational psychology and education welfare services, youth services such as Connexions, LA community safety
- Services for adults with:
  - physical and/or sensory impairments/learning disabilities
  - mental health support needs
  - drug and/or alcohol-related problems, including treatment services
- Social Care services
- Health services
  - midwifery and health visiting services
  - community mental health professionals
  - services for people with long-term health conditions
  - learning disability nurses
  - equipment services
- Housing services
  - Supporting People services
  - housing allocation and homelessness services
  - housing adaptations and improvements
  - housing management
- Probation service
- Jobcentre Plus
- Voluntary agencies
- Domestic Violence support
- Police
1.6 THINK FAMILY SYSTEMS

Most families at risk have regular contact with a number of universal services. They may also be in touch with targeted and specialist services, including those run by voluntary sector organisations. Working together in a ‘whole family’ approach should be embedded across all adults’ and children’s services. Adults’ services should explore the support needs of their clients’ children, just as children’s services need to look out for the problems parents may face. Frontline practitioners in universal, targeted and specialist services should keep a constant look-out for wider support needs.

Encouraging all practitioners to ‘think family’ will allow risks and needs to be identified earlier. Commissioners will need to consider how services will support the likely increase in numbers of referrals for preventative support. Frontline staff across both children’s and adults’ services need to provide tailored and joined-up support, which should look beyond their normal remit and use their professional judgement to decide how to work in the most effective way for families. This might involve:

- taking on a Lead Professional role
- adapting an intervention to take account of family circumstances

1.7 AIMS AND PRINCIPLES

**Aim**

This protocol and the procedure it encompasses has been drawn up to formalise and facilitate providers working together in the direct provision of services to individuals (including both adults and children) and family units, and through doing so to:

- Promote best practice in all areas of inter-agency working
- Promote the appropriate uptake of services, the early identification of need and timely intervention to address unmet need
- Ensure effective communication and liaison between service providers and across service divisions

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1 Any adult over the age of 18 who may be eligible for community care services or may be at risk or dependent on another person through physical or mental disability or illness, learning disability, age, Domestic Violence, substance misuse or whose welfare is compromised by another adult

2 For the purposes of this protocol, the terms ‘child/children’ are used to describe both children and young people under 19 years old
Principles

The protocol is based on the key principles that:

- In all situations the welfare and safety of the child is paramount even when this conflicts with the perceived interests of the parent or carer. This notwithstanding, due consideration should be given to the needs of all family members.

- The safeguarding of vulnerable members of the community is a collective responsibility and all practitioners have a duty of care and responsibility to identify those who may be at risk and act appropriately.

- The management of risk, including that involving the risk to both individuals (be they adults or children) and the risk to the wider community, is a shared responsibility. As such, all organisations and those employed by them have a professional duty to participate in the identification, assessment and management of risk.

- All organisations and practitioners have a duty of care to service users\(^3\) to share information with others both within and outside their organisation when to do so would promote the welfare of either the service user and any other individual, be it an adult or child.

- Adults and children should be assessed for services in a holistic manner and not in isolation from their family or social context.

- Early intervention and support can provide better outcomes for service users by reducing risk and preventing the need for more intensive or compulsory intervention.

The protocol is intended to provide a simple procedural framework that clearly sets out the expectation by all agencies that their staff will work collaboratively with those from other services as a matter of routine and, within that collaboration, share relevant information to the extent necessary and always where to do so will serve to protect and enhance the welfare of those receiving services.

1.8 THE INFORMATION-SHARING FRAMEWORK - OVERVIEW

Central to successful collaborative working is the efficient and timely exchange of relevant information between and across provider services. There are a range of agreements, protocols and guidance specifically on this matter at a national, regional, sub-regional, county and single agency level. These establish a framework, both strategic and operational, for when and how information about service users can and should be shared with other providers. This is illustrated in Appendix 3; Information-Sharing Governance Framework and flow chart of key questions for information-sharing.

\(^3\) The individual who is the primary receiver or beneficiary of a service. The term “service user” incorporates the terms “patient” and “client.”
It is recognised that the documents referred to in Appendix 3, however comprehensive, do not remove the need for professional judgement in day-to-day decision-making about when and when not to share information. The publication *Information-Sharing: Guidance for practitioners and managers (HM Government 2008)* acknowledges this and sets out the basic tenets on which such decisions should be made.

These are encapsulated in “8 golden rules” and these should be applied to all decisions made regarding the sharing of information during the collaborative working process.

### 8 Golden Rules for Information-Sharing

1. **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.

2. **If there are concerns that a child may be at risk of significant harm or an adult at risk of serious harm,** then it is your duty to follow the relevant procedures without delay. Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

3. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could, be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

4. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.

5. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You should go ahead and share information without consent if, in your judgement, that lack of consent can be overridden in the public interest, or where a child is at risk of significant harm. You will need to base your judgement on the facts of the case.

6. **Consider safety and well being** by basing your information-sharing decisions on considerations of the safety and well being of the person and others who may be affected by their actions.

7. **Necessary, proportionate, relevant, accurate, timely and secure.** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

8. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

The Information-Sharing Governance Framework is attached as Appendix 4.
1.9 SUPPORTING WORKFORCE DEVELOPMENT

In order to support managers and practitioners in implementing the protocol, those responsible for professional education, training and workforce development should introduce a *think child, think adult, think family* perspective.

Provision will be made for joint training for staff in adult, children and family services as well as other professional groups in accordance with current workforce guidelines.

High-quality training and guidance will help to build practitioners’ confidence and inform their judgement on when it is beneficial, appropriate and legal to share information.

Easily accessible and high-quality training will help staff in both universal and specialist services to feel confident in identifying and addressing a wide range of family risk factors.

Joint and regular training will be provided that keeps individuals up to date in developments in a variety of fields, including Domestic Violence, mental health, drugs & alcohol and learning disabilities and their impact on child welfare.

1.10 SAFEGUARDING

Protecting adults and children from harm is the responsibility of all agencies, including working with adults and children. Section 11 of the Children Act 2004 places a statutory duty on a range of organisations, including both children’s and adult services which come into contact with children, their parents and family members, to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children.

All services working with families, including those working with adult family members, need to ensure that the Local Safeguarding Children and Adults Board’s safeguarding procedures are followed at all times.

1.11 FINANCIAL RESPONSIBILITIES OF CHILDREN’S AND ADULT SERVICES

It is expected that the financial responsibilities for joint-working will be agreed between services and that:

- Financial responsibility rests with adults’ services where an adult has eligible assessed parenting needs.
- Financial responsibility rests with children’s services where children are assessed as being ‘in need’ or where there are safeguarding concerns (Section 47 of the Children Act 1989).
- Where parents and children are assessed as having eligible needs, financial responsibility is shared.

In reality it is not always possible to neatly separate children’s and adults’ needs; in these cases, good practice is founded upon the necessity to be flexible.

Good commissioning practice will ensure that shared responsibility for budgets is clear from the outset.

**1.12 REVIEW OF PROTOCOL**

This Protocol will be reviewed under the auspices of The Children’s Trust Board.

All relevant agencies, including adult services, are members of the St.Helens Children’s Executive Board and this forum provides the vehicle for collective action.

Findings from cross-service and independent services audit processes in relation to multi-agency collaboration will similarly be reported to the Children’s Executive Board for consideration and to ensure any collective action required is endorsed and supported at senior level.
Schools Education services, Youth Offending Team, Police, Connexions, Housing, Probation

Primary Healthcare Services, Midwifery

Hospital Trusts

CAMHS. Voluntary services, Sure Start, other Social Care Depts

Are you treating or providing a service for a parent/carer or pregnant woman with mental health/drug & alcohol/domestic Violence problems/a physical, sensory or learning disability?

Do they have children? What are their ages? Are they a young carer? Are they known to other services? What is the impact of their illness/disability/situation on their ability to meet the development and safety needs of their children and/or unborn child? Consider impact on family functioning, family history, the wider family and environmental factors, especially risks associated with the behaviour of a partner/ex-partner. Is the parent currently using drugs/alcohol in a matter that impacts on parenting and/or the welfare or safety of children?

Is the pregnant woman known and engaged with other services? Assess any potential risks associated with partner/ex-partner.

Do you think they could benefit from additional services?

No

You must record the reasons and basis of your decision on your agency’s case records.

Yes

Have you discussed with the parent, carer or pregnant woman a referral being made or the need to share information with another agency to safeguard and protect the welfare of a child or adult?

Make appropriate referral to additional services or to Children’s Social Care. Is there also a need to make a referral through processes for Safeguarding Adults, Multi-Agency Public Protection Arrangements (MAPPA) or Domestic Violence Multi-Agency Risk Assessment Conference (MARAC)? Record consent or reasons for not gaining consent.
2.2 Decision-making flow chart 2 – referral from children’s services

Children's Social Care

CAMHS, Community Health Service, Maternity Service

Special needs, teaching service, Early Years Services, Schools and colleges

Connexions, YOS, CAFCASS, Disabled Children's Service, Voluntary Sector etc.

Are you treating or providing a service for a child/young person?

Is the family known to other services? Have you contacted them? Are there other children in the family? Are any of the children acting as young carers? Consider the possible impact on the children and on family functioning of the parent/carer’s ex-partner’s problems. Consider whether a Common Assessment Framework (CAF), Initial Assessment, under Section 17 (Children in Need) or Section 47 (Child in Need of Protection) is needed. (If yes, make appropriate referrals re child). Is the parent currently using drugs/alcohol in a manner that impacts on parenting and/or welfare or safety of children?

CAMHS, Community Health Service, Maternity Service

Do you think the family could benefit from additional services?

No

You must record the reasons and basis of your decision on your agency's case records.

Encourage parent/carer to self-refer (+check on outcome) or refer on their behalf (check outcome). Is there a need to make a referral through the processes for an Adult in Need of Safeguarding, Multi-Agency Public Protection Arrangements (MAPPA) or Domestic Violence Multi-Agency Risk Assessment Conference (MARAC)? Record consent or reasons for not gaining consent.

Yes

Have you discussed with the parent/carer additional help for their own needs, especially in relation to their parenting capacity? Have you discussed this with the child or young person, if relevant, and the need to share information with another agency to safeguard and protect the welfare of a child or adult?

If mother or other family member is pregnant, are they known and engaged with other services? Assess any potential risks associated with partner/ex-partner.
2.3 Service User Confidentiality

In applying these procedures to their day-to-day work, practitioners and their managers whilst being rightly mindful of the need to retain appropriate standards of confidentiality must always take into account that the need to protect the safety and welfare of others (including those employed by their own and other agencies) is always paramount over any perceived right of confidentiality of the service user.

Failure to disclose information to other agencies that would serve to protect any other person is not justifiable under any circumstances and liable to result in disciplinary measures.

- Use assessments to establish how the needs of other family members affect their client and whether meeting those needs might benefit their client.

- All workers must follow and work within the context of local information-sharing agreements and agree how information can be shared to identify those in need or at risk of poor outcomes and plan the most appropriate support.

- Work with other local agencies to identify, refer and plan how the needs of wider family members can be met alongside their client, for example, referring a parent to drug or alcohol services, or helping them claim financial support to which they are entitled (pathways and protocols).

- Seek out specialist advice and support when multiple or complex needs are identified, for example, multi-agency whole family support.

- Champion ‘Think Family Practice’ through joint staff training and recruitment and the information they provide to service users and the public.

- Prioritise the safety and welfare of children within the family, involve the child’s social worker and follow Local Safeguarding Children’s Board procedures when children may be at risk of suffering from harm (when Domestic Violence is suspected or a child appears to be neglected for example);

- Consider the involvement, potential contribution and (when appropriate) the risks associated with all of the adults who have a significant influence on a family, even if they are not living in the same house, or are not formally a family ‘member’.

- If it is suspected that the child may be in need of children’s services or at risk of significant harm, *The Framework for Assessment of Children in Need and their Families* should be used by children’s services under the Children Act 1989. Adults’ services workers should work in partnership with children’s services to identify why this is so and whether additional support to the cared-for person could address the needs of the young carer.

- Staff will be supported to develop a communication mindset in which joint-working, reciprocity and shared case management is encouraged.
Informal contact may form part of this process.

- Consider the family as a whole, acknowledge parents’ strengths and beware of undermining parenting capacity
- Work with colleagues from children’s/adults’ services and with the voluntary sector where appropriate
- Ensure that the assessment process is appropriate to the carer’s age, and specific to their needs as a young carer
- Recognise that families may be fearful of acknowledging children’s caring roles
- Ascertain if the illness/disability is stable or changing
- Maintain a focus on positive outcomes for the young person and their family when working with other departments/agencies
- Respond to young carers’ needs for emotional support and counselling
- Consider the family’s housing needs and access to benefits
- Be sensitive to cultural perceptions and needs around disability, illness and caring, whilst recognising a child’s fundamental rights to a safe and secure childhood

Recognise there may be differences of view between children and parents about appropriate levels of care. Such differences may not be acknowledged. The resolution of such tensions will require good quality joint work between adult and children's social services as well as co-operation from schools and healthcare workers. This work should include direct work with the young carer to understand his/her views. The young person who is a primary carer of his or her parent or sibling may have a good understanding of the family’s functioning and needs, which should be incorporated into the assessment.

2.4 Service Information, Adults’ and Children’s Services

Services of all types – statutory, voluntary and independent, may all come into contact with families at risk of poor outcomes. The implications of Think Family are far-reaching and extend to both universal and targeted services working with adults, young people, children & families and working across all sectors.
Service Information

Adult Services

Community Care Services

An adult may be eligible for social care services provided under the NHS and Community Care Act 1991. This eligibility may result from an adult having needs arising from physical, sensory, learning or cognitive disabilities, or from difficulties associated with mental health.

Eligible social care needs are those needs that may pose a risk to well being and independence over time, if left unmet. The Adult Social Care and Health Department provides services to adults who have social care needs across three bands:

- Critical
- Substantial, and;
- Moderate

Further explanation of these bands can be found in the Department of Health document; Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care (Gateway ref: 13729).

Safeguarding Adults

A vulnerable adult who is or may be subject to physical, emotional, sexual or financial abuse should be the subject of an alert to the Safeguarding Adults Team. In this context, a vulnerable adult is someone who is in receipt of or may be eligible for community care services. Further guidance can be found on the St.Helens Council Website (www.sthelens.gov.uk) or the Adult Social Care Website (www.ascsthelens.co.uk).

If you wish to have an informal discussion about whether an adult has eligible social care needs, or may be in need of safeguarding, you may contact a manager in the relevant service area within Adult Social Care and Health:

- Access and Review Team 01744 (67)5345
- Older Persons’ Teams 01744 (67)5313
- Learning Disability Team 01744 (67)5259
- Physical and Sensory Disability Team 01744 (67)5472
- Mental Health Service 01744 646560
Older Persons and Vulnerable Adults

Do you feel that an adult has eligible social care needs (other than mental health) or do you feel a vulnerable adult is being abused? Please call the Contact Centre.

Mental Health Services

Do you feel that an adult has mental health problems that may make them eligible for specialist mental health services? Please call the single point of access (Open Mind):
Substance Misuse

Substance Misuse Assessment:

This service works with adults who are experiencing problems with substances. A specialist drug worker will complete an assessment and offer advice and information. If the drug worker feels more specialist interventions are required, they will refer on to the most appropriate service.

If you are working with an adult who you think may benefit from a substance misuse assessment, you can contact an assessment officer on 01744 (67)5811.

Lifestyles Alcohol Team:

This service is for anybody aged 19 years who wants to cut down or stop drinking alcohol. The team works across all areas of St.Helens and Newton-le-Willows and offers interventions to raise awareness of the harm alcohol can potentially have, to support individuals to change their drinking behaviour.

If you are working with an adult who you think may benefit from accessing alcohol services, you can contact the team on 01744 677225/677273.

Children and Young People

Family Support Services:

Most children’s needs are met by Universal Services. Some may require a slightly higher level of these services to ensure all their needs are met.

Targeted services may be needed if it is believed that a child or young person has an additional need for support and to ensure the child’s needs are met and that services are co-ordinated and appropriate. This may be a short-term intervention.

Targeted services for some children may need to be provided in the medium to longer term. For a small minority of children at this level, social work intervention may be needed, however, the aspiration is that social work intervention will be short-term only. Families who fall mainly in this category may struggle with parenting functions and may not manage without support. They will have strengths in some areas that should be identified.

For the most part, all the support identified can be provided and co-ordinated by professionals other than social workers. The Common Assessment Framework will be used to consider strength and need, and the Think Family Procedure will provide the framework with which to plan and review packages of support. Further procedural guidance can be found on the LSCB website www.sthelenslscb.org.uk
Child Protection

Families who fall within this category will need social work support to improve. Children will be suffering, or at risk of suffering, significant harm. Children experiencing significant harm may require statutory intervention such as child protection or legal intervention. These children may also need to be accommodated.

Risks to a child/young person’s health or development can be of broadly two kinds:
- Abuse or ill-treatment causing an immediate and acute risk of significant harm to the child/young person’s health or development
- A chronic and long-term risk of harm to the child’s health or development

Further procedural guidance can be found on the LSCB website www.sthelenslscb.org.uk

If you wish to have an informal discussion about whether a child or young person may benefit from support, you may, with consent, contact the Contact Centre who will pass your request to the First Response Team.

If you wish to make a formal request for assessment by Social Care in respect of a child or young person, you can contact the Contact Centre: (01744) 676600

Out of Hours (Emergency Duty Team)

If you have serious concerns about a vulnerable adult, child or young person and you wish to share information or make a referral out of hours, the number to contact is: 08450500148.
APPENDIX 1: Legislative Framework and relevant National Policies

The national policy framework and the responsibilities and entitlements set out in legislation and guidance provide the context for this protocol. In summary, the policy and legislative framework establishes that:

- Children’s welfare should be safeguarded and promoted
- Children’s needs are usually best met by supporting their parents to look after them
- Everyone has the right to respect for family and private life
- Local authorities and all other agencies in contact with children have a responsibility to take account of safeguarding and promoting children’s welfare in the course of their work with children and families. Local authorities have a specific responsibility, when a child is the subject of court proceedings, to ensure the welfare of the child is paramount, and a general duty to safeguard and promote the welfare of children in need in their area
- Disabled parents, and those who appear to be in need of community care services, have the right to an assessment of their needs for support in their daily lives. Such assessments should include any assistance required with parenting roles and tasks; and they are entitled to assess needs being met if they meet local eligibility thresholds
- When determining eligibility for adults’ services, the agency should take into account any risks in the short and long-term to the ability of the parent to carry out family roles and responsibilities. The decision should also take into account the consequences of not meeting needs which do not currently meet eligibility thresholds
- Adults’ and children’s services - across health, education and social care - should work together to improve outcomes for children and their families
- Disabled parents are entitled to equal access to services, including parenting support and information services
- All public bodies have a duty to actively promote equality of opportunity for disabled people
- The NHS and local authorities have a duty to promote the health and well being of their local populations
- A third of the treatment population has childcare responsibilities; for some parents this will encourage them to enter treatment, stabilise their lives and seek support. For others, their children may be at risk of neglect, taking on inappropriate caring roles and, in some cases, serious harm. Having a parent in drug treatment is a protective factor for children. Adult treatment services and children/family services need to work together in order to identify, assess, refer, support and treat adults with the aim of protecting children and improving their outcomes
Statutory Base:

- Mental Health Act 1983
- Disabled Persons (Services and Consultation and Representation) Act 1986, Section 8
- The Children Act 1989
- NHS and Community Care Act 1990, Section 47
- Carers (Recognition and Services) Act 1995, Section 1
- National Service Framework for Mental Health 1999
- The Framework for Assessment of Children in Need and their Families 2000
- Carers and Disabled Children Act 2000
- Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care - guidance on eligibility criteria for adult social care, England 2010
- The Children Act 2004
- The Carers (Equal Opportunities) Act 2004
- Practice guidance to the Carers (Equal Opportunities) Act 2004 (SCIE 2005)
- The Common Assessment Framework 2005
- National Service Framework for Children, Young People and Maternity Services
- NSF for Older People
- NTA guidance on the development of joint local protocol between drug & alcohol partnerships and children & family services
APPENDIX 2: Quality outcomes/results

How Much?

- Number of practitioners who complete whole family assessments
- Number of practitioners who undertake joint assessments
- Number of practitioners who undertake specialist assessments
- Number of multi-agency training sessions
- Number of signatories to this protocol who develop internal monitoring processes to monitor their own agency/service worker’s adherence to the protocol
- Number of signatories who incorporate the protocol into their induction process
- Number of commissioned services whose contracts include adherence to this protocol

How Well?

- Number of agencies who monitor the quality of assessment completed
- Number of agencies who monitor the quality of action plans
- Number of good quality assessments
- Number of good quality plans
- Number of families who receive a service
- Number of commissioned services who complete CAF/SAP/Whole Family assessment.

Is anyone better off?

- There is an increase in families reporting that the services received meet the needs of all family members
- There is an increase in the identification and reporting of gaps in service provision
- There is an increase in the number of families who report satisfaction with the assessment process
- There is an increase in the reporting of the needs of all family members being identified and being incorporated into an action plan
- There is an increase in the number of practitioners who report satisfaction/confidence in/with the collaborative working process
- There is an increase in the number of families who receive early intervention
- There is an increase in the number of families who report improved outcomes for themselves and their children
Is there a clear and legitimate purpose for sharing information?

If there are concerns that a child may be at risk of significant harm or an adult may be at risk of serious harm, then follow the relevant procedures without delay. Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.
APPENDIX 4: Information-Sharing Governance Framework and Flow
Chart of Key Questions for Information Sharing

Information-Sharing Governance Framework

National
- Statement on Information-Sharing Agreements and Protocols (DCSF 2008)
- Information-Sharing: Guidance for Practitioners and Managers (HM Government 2008)

Regional
- MARAC
- Merseyside Fire & Rescue

Cross-County

Single/Dual Agency
- Information-Sharing Arrangement for St.Helens Children’s Trust
- Halton and St.Helens PCT
- EDT

Applicable to those circumstances that relate to the reduction of crime & disorder and the promotion of public safety. This includes those that relate to issues of alleged or suspected Domestic Abuse/Violence.

The following, whilst not specific to information-sharing, contain significant cross-county operational guidance:
- LSCB Child Protection Procedures
- CAF Practitioners Guide
- St.Helens Safeguarding Adults Board Policy and Procedures
- SAP
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies External</td>
<td>Organisations that offer a particular type of service</td>
</tr>
<tr>
<td>Duty of Care</td>
<td>The obligation that a person has to exercise reasonable care with respect to the interests of others, including protecting them from harm</td>
</tr>
<tr>
<td>Practitioners</td>
<td>Someone who engages in an occupation</td>
</tr>
<tr>
<td>Protocol</td>
<td>Set of guidelines or rules</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Outcomes are the effects of your activities; the changes, benefits or learning that occur as a result of the work you carry out</td>
</tr>
<tr>
<td>Risk A</td>
<td>Risk is the combination of the likelihood of a hazardous event occurring and the consequence of the event</td>
</tr>
<tr>
<td>Specialist Services</td>
<td>Services that focus on a particular aspect and are available to identified service users</td>
</tr>
<tr>
<td>Statutory Services</td>
<td>Services that the Local Authority have to provide by law</td>
</tr>
<tr>
<td>Targeted Services</td>
<td>Services which are aimed at particular groups/individuals</td>
</tr>
<tr>
<td>Universal Services</td>
<td>Services which are open to all</td>
</tr>
<tr>
<td>Voluntary Sector</td>
<td>Organisations which are non-governmental and non-profit</td>
</tr>
</tbody>
</table>
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