



Kingston Safeguarding Adults' Board, Richmond Safeguarding Adults' Board

Kingston & Richmond Safeguarding Children Partnership

See the Adult, See the Child

How to identify and respond to concerns about a vulnerable child and/or adult at risk when they are working with an adult: a joint agency protocol between children's and adult services

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Related policies & publications

Care Act 2014

Think Family

Working Together for Safeguarding Children 2018

London Child Protection Procedures 2017



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Introduction

The aim of this document is to ensure partnership working between Adult and Children's Services where a parent has additional needs and within this to ensure that children and young people receive good quality parenting. The 1989 Children Act is clear that children are best brought up within their families if this ensures their continued safety and protection. In some circumstances this will necessitate joint assessment and planning to ensure that the needs of both parent and child are met. The main body of the report outlines the jointly agreed approach taken by adult and children's services and includes definitions, relevant legislation and principles. The responsibilities of different professional are then outlined in the flowcharts for adults and children in the appendices 1 and 2.

The needs of parents/carers should not be seen in isolation from those of children and young people. All professionals working with adults should ask whether the vulnerable adults either have children or have caring responsibilities for children. Any additional need(s) of a parent(s) will invariably have an impact on the parenting of their child to a greater or lesser degree. The additional need could be a mental health issue, substance misuse problem, a physical or learning disability, or that the parent is in prison or is/has been involved in criminal activity or is/has been the victim of domestic abuse.

Research strongly indicates that where children are being cared for by adults at risk, particularly those with domestic abuse, substance misuse or mental ill health problems, they are more likely to be at risk of being harmed within their families. The same research noted that inquiries into child deaths have shown that close joint working between professionals involved with the whole family can impact positively on child protection planning and is vital for a full understanding and assessment of risk.

All agencies have a duty to safeguard adults and children at risk of abuse, to recognise the signs of abuse and to take action where abuse is reported.

This protocol therefore, is to ensure effective and timely referrals between all adult and children's services, including the transition between children's and adults' services and to promote good practice in multi-agency working. This protocol respects an adult at risk's right to live free from abuse with dignity, autonomy, privacy and equity.

The respective Safeguarding Boards or Partnerships do not intend the protocol to provide a comprehensive list/guide to all adult/child concerns, and that professional judgement plays a significant part in assessing concerns for a child or vulnerable adult, but this protocol highlights some of the major areas of impact.

1. The purpose of this protocol

To provide a framework for referral, assessment and on-going work with families where adults assessed as being at risk are caring for children and through this to develop and improve joint working practices across children's and adults' services.

- 1.1 To ensure that children's needs are prioritised and they are safeguarded from abuse and harm, and that adults at risk who may be vulnerable to harm from children or anyone else are also protected.
- 1.2 To provide an agreed framework for planning and undertaking the joint assessment of needs and, in more serious cases, of risk under the Mental Capacity Act 2005, Mental Health Act 1983 (as amended by the Mental Health Act 2007), the NHS and Community Care Act 1990, the Children Acts 1989 and 2004. This will at times include Approved Mental Health Professional Assessment, and/or Child Protection Assessment and will need to take place using all relevant legislation, guidance and local safeguarding procedures including: Working Together to Safeguard Children 2013, the Framework for the Assessment of Children in Need and their Families 2000, Refocusing the Care Programme Approach and the National Service Framework for Mental Health (2004 - Standard 6) together with the London Child Protection Procedures, the London Multi-Agency Policy and Procedures to Safeguard Adults from Abuse and Royal Borough of Kingston and London Borough Richmond upon Thames Safeguarding Adults Partnership Board Policy and Procedures Supplement.

2. Definitions of Safeguarding

Safeguarding Children

2.1 A child is defined in the Children Acts 1989 and 2004 as anyone who has not yet reached their 18th birthday. Safeguarding and promoting the welfare of children is defined, in Working Together to Safeguard Children (2013), as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

2.2 The Children Act 1989 s31 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. Harm can be categorised as physical, emotional or sexual abuse or neglect. Children can be at risk from significant harm where they are young carers.

2.3 Children in need are those, defined under s17 of the Children Act 1989, who are unlikely to reach or maintain a satisfactory level of health or development or their health or development are likely to be significantly impaired without the provision of services, or who are disabled. Local authorities have a duty to safeguard and promote the welfare of children in need. Support begins for children and their families at an early help preventive stage with using the EHA (Early Help Assessment) by multi-agency practitioners, before moving through to Children's Social Care support leading to statutory involvement.

Safeguarding Adults

2.4 All professionals working with children should **consider and enquire** whether the parent or carer **could be an adult at risk** and/or known to Adult Social care in line with safeguarding adults London multi agency policy and procedures [London procedures](#)

2.5 An adult at risk is a person over the age of 18 and 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation' (No Secrets Department of Health 2000).

2.6 The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the Local Authority is meeting any of those needs);
- is experiencing, or at risk of, abuse or neglect as a result of those care and support needs;
- is unable to protect themselves from either the risk of, or the experience of abuse or neglect (14.2 care act guidance [Care and support statutory guidance](#))

What constitutes abuse and neglect?

2.7 As written in the care and support statutory guidance: Local Authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered; although the criteria at paragraph 14.2 will need to be met before the issue is considered as a safeguarding concern.

2.8 Exploitation, in particular, is a common theme in the following list of the types of abuse and neglect:

- Physical abuse;
- Domestic violence incl. so called 'honour' based violence;
- Sexual abuse;
- Psychological abuse;
- Financial or material abuse;
- Modern slavery encompasses: slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment;

- Discriminatory abuse;
- Organisational abuse;
- Neglect and acts of omission;
- Self-neglect. This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a Section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support;
- Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. All professionals working with adults should ask whether the adults at risk either have children or have caring responsibilities for children.

2.9 The Care Act 2014 sets out in one place, local authorities; duties in relation to assessing people and their needs and their eligibility for publicly funded care and support. The six safeguarding principles are as follows:

- Empowerment: people being supported and encouraged to make their own decisions and give informed consent;
- Prevention: it is better to take action before harm occurs;
- Proportionality: the least intrusive response appropriate to the risk presented;
- Protection: support and representation for those in greatest need.

Find out more here: <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>

Think Family- Think Child, Think Parent, Think Family: a guide to parental mental health and child welfare.

2.10 The Think Family agenda recognises and promotes the importance of a whole-family approach which is built on the principles of 'Reaching out: think family' (18):

- No wrong door – contact with any service offers an open door into a system of joined-up support. This is based on more coordination between adult and children's services.
- Looking at the whole family – services working with both adults and children take into account family circumstances and responsibilities. For example, an alcohol treatment service combines treatment with parenting classes while supervised childcare is provided for the children.
- Providing support tailored to need – working with families to agree a package of support best suited to their particular situation.
- Building on family strengths – practitioners work in partnerships with families recognising and promoting resilience and helping them to build their capabilities. For example, family group conferencing is used to empower a family to negotiate their own solution to a problem.

2.11 A family focus alone may not be enough to address the problems faced by some parents with a mental health problem nor will it necessarily prevent a child from suffering harm. The adults' problems need to be addressed through specific clinical expertise and services, just as children's problems need to be, or those requiring a whole family approach.

2.12 While the recommendations in this guide wholeheartedly support a family focus it should not be seen as an alternative to providing individual care, but must be considered alongside it. This means thinking about the child, the parent and the family, with adult and children's health and social care services working together to consider the needs of the individual in the context of their relationships and their environment. It should thus provide the optimum service that makes the best of what specialist training, knowledge and support is on offer. 'Think parent, think child, think family' is therefore the guiding principle for this guide.

Together with the SABS, the KRSCP offers free Think Family training.

3 Principles of Safeguarding

3.2 All professionals who come into contact with children and their parents/carers and families and pregnant women must recognise they have a duty to safeguard and promote the welfare of children. The needs and safety of children and adults at risk of harm are paramount and any concerns should be recorded and referred in line with the London Child Protection Procedures and safeguarding adult London Procedures.

3.3 The well-being of children and their families is best delivered through a multi-agency approach with different services working effectively together. Parenting capacity is best assessed with the joint input of workers from adults and children's services with support where appropriate from services with specialist expertise.

3.4 Assessment and subsequent work with families should be undertaken within the context of individual cultural understanding and equitable access to services. Diversity will be valued but will not be used to provide an explanation or used to condone acts of abuse or neglect or to prevent appropriate action being taken.

3.5 Efforts should be made to work in partnership with families, children and significant others during referral, assessment and follow-up unless this would compromise the safety of adults/ their children/adults in need of safeguarding.

3.6 Children and adults at risk of harm will be listened to and their wishes and feelings explored. Their views will be clearly recorded and the needs of the adults should not marginalise the needs of the children.

3.7 Additional support needs should be addressed by enabling parents/carers to access universal and community services and by the timely provision of specialist assessment services wherever possible. This may include work with the extended network via Family Group Conference

3.8 Parents, carers and children will be communicated within a timely, appropriate and accessible manner that assists them to understand what is happening. Where required,

access to independent advocates with the appropriate skills should be provided e.g. for an adult at risk with a learning disability.

3.9 See the 'Contacts' section for Kingston and Richmond Advocacy group contact details.

4 Successful Multi-Agency Working requires:

4.2 Clear information sharing at the earliest opportunity with joint working between the various inter-agency teams focussing on relationships within the family and joint oversight of the on-going work. Consent should be sought unless there are immediate safeguarding concerns:

www.everychildmatters.gov.uk/deliveringservices/informationsharing

4.3 Clarity about lines of responsibility between teams with flexibility about professional boundaries so that children do not fall between services and are not left at risk. There should be vigilance about the way information is shared i.e. clarifying concerns expressed by telephone and requesting written confirmation.

4.4 That all agencies that mainly serve adult service users must consider, when deciding if an individual meets their threshold for a service, the possible impact on the individual of any caring responsibilities for children or of a child who is the carer of an adult receiving services.

4.5 That all agencies that mainly serve children and young people must consider, when deciding if the child or young person meets their threshold for a service, the possible impact on the child or young person of having a parent/carer with additional needs or who is vulnerable. Relevant information about ex-partners should also be considered.

4.6 When there is multi agency working between adult and children's services there is an identified lead professional to co-ordinate the process.

5 Early Intervention and Prevention

5.2 Where a professional has concerns about the welfare of a child/ adult then initial discussion should take place with the family around the nature of the concern if it is safe to do so. The discussion should include detail of any proposed planned intervention. Where the professional opinion is that any intervention requires more than one agency then a referral to that agency should be made as appropriate

5.3 If the family or child does not meet the threshold for a specialist service the professionals should take action to support the family in an integrated way with other services involved with the family. The tool used to identify and coordinate the delivery of multi-agency services is the Early Help Assessment (EHA) . The worker identifying the concerns arranges to meet with the family to initiate the EHA and consider what services are required to support the child or the parents in their care.

5.4 If it is considered that the concerns are too serious to be managed directly the worker will need to contact the SPA (see contact section) to discuss any concerns or whether there is another service involved with the family and complete a written referral

5.5 Where SPA allocates the referral to an Early Intervention service, they will then arrange a Team around the Child (TAC) meeting to bring the family and services together to develop an integrated plan of action. The processes and practices described above are explained in detail in EHA and integrated working information is available here: <https://www.achievingforchildren.org.uk/early-help-assessment/>.

5.6 If you are concerned about the risk of serious harm to the child then you would need to contact the SPA (Single Point of Access) children's services and follow-up your concerns in writing. Kingston and Richmond SPA Monday to Friday between 9:00am - 5:00pm 020 8547 5008. Out of hours duty team (evenings and weekends) 020 8770 5000.

If you are concerned about the risk of serious harm to an adult you need to make a separate referral for both the adult and the child - see Section 7 and 9 below.

6 Management of child protection concerns

6.2 All staff assessing or working with adult at risk have a duty to consider the needs of any children (including unborn children) living in the same household and/or in their care. In particular, consideration should be given to the impact of the adult's vulnerability on their capacity to care for and safeguard their children, or those living in the household.

6.3 Domestic abuse can, in extremes, result in very serious injury and even death. The Children Act 2004 has defined the witnessing of Domestic Violence as Significant Harm all staff should seek advice from their designated professional or from the SPA if they suspect a parent is victim of domestic abuse.

7 Management of additional parental needs

7.2 Professionals working with children and families must be alerted to the possibility of mental health issues/substance misuse issues/ disability/learning difficulties or any additional need in the parents they see. Where there are concerns about the safety of a child these must be shared promptly with the appropriate adult team for their assessment and a strategy developed to deal with the concern, with the least stress to family members.

7.3 All staff assessing and working with children also have a duty to consider the needs of the adult(s) who is caring for them, or living in the same household, particularly if it is considered that the adult is vulnerable. In particular staff should undertake an assessment of the vulnerable adult's capacity to meet the needs of their children (including unborn children) and to safeguard them from harm.

7.4 If an adult is in need of services, then the main referral points are related to the specific needs of the adult. Details of adult mental health services are provided in the contacts section. Referrals to the Kingston Wellbeing service can be made using the contact details in Appendix 4. For Richmond Wellbeing a referral may be sent to the contact

details provider in the appendices. Those for Community Mental Health teams need to be made via the individual's GP. Adults with other needs should be referred to the Council's adult social services team (see the contacts section).

7.5 Recent research showed that the support and intervention that children received through child protection or 'children in need' plans led to better outcomes in the majority of cases, both in cases involving drug and alcohol problems and mental health difficulties. (OFSTED and Care Quality Commission (CQC) 2013).

7.6 The Recovery and Support Teams (formerly Community Mental Health Teams) provide secondary care mental health services for adults between the age of 18 and 65, who have severe mental health problems, and present with complex needs. They are multidisciplinary teams under the clinical leadership of a consultant psychiatrist. The older people's Recovery and Support Team provides services for older people with mental health problems.

8 Adults at risk of abuse

8.2 If a member of staff working with children has concern that an adult may be at risk of or suffering abuse or exploitation, then they should refer to (with consent of the individual): in Kingston the Access Team in Adult Social Care and in Richmond Adult Services Access Team.

9 Adults who may have mental health needs, Community care needs or who may be at risk of abuse

9.2 If the Adult's case is open to another team, and has a named worker, an alert should be raised under Adult Safeguarding Procedures.

9.3 A Safeguarding Adults' Manager will consider whether there are grounds to suspect abuse of an adult at risk and, if appropriate, will arrange an investigation into the alleged abuse. If abuse has occurred or is suspected, then they will ensure that action is taken to try and safeguard the adult at risk in the future. Where it appears a criminal offence has been committed, the Police will be informed. If adult abuse is suspected in a household in which there are children, adult services will coordinate the safeguarding adult's process and children's services will be involved to ensure the safety of the children. A joint investigation should be undertaken if there are concerns about adult and child abuse.

10 Confidentiality and Consent

10.2 An effective, safe, and supportive service for children and families cannot be provided without clear lines of communication between agencies and the exchange of appropriate information. Considerable progress has been made in developing a shared understanding between adult and children's services of the need to share information on

a 'need to know' basis where there are concerns about the safety and/or welfare of children or adults at risk.

10.3 Consent to share or gather information must usually be sought unless a child's safety is further compromised or placed at risk. If in doubt professionals should contact their safeguarding lead in their agency. All recent guidance has made it clear that although patients/service users should expect any information about them to be confidential; this expectation cannot be fully met when the safety or welfare of children is of concern, and consideration should also be afforded to the safety of adults at risk in disclosing information. Disclosure to adults' services should be made where abuse of an adult at risk is suspected, even if consent is not forthcoming. If the caller feels unable to refer without consent, they should still do so where there is mental incapacity, public or vital interest, or to prevent a crime.

11 Transition from Children's to Adult Services

11.1 Young people with long term needs may need to move from children's services to adult services. This is known as transition. There are two key issues in transition. Firstly, it is about legally becoming an adult and achieving independence, to an appropriate degree. Secondly, it is about changes in the actual services used.

11.2 During adolescence, young people may experience change in a number of areas: from paediatric to adult health services, school to further / higher education or work and childhood dependence to adult autonomy. For young people receiving services as children, both the planning process and the actual move to adult services can be complicated and stressful. The age at which transition may take place can vary between services, for example some changes in health provision may take place at 16 but young people with special needs / disabilities may remain at school until they are 19. Other issues include social isolation, difficulty finding work and problems with their parent / carer relationships, such as over-protectiveness or low parental expectations. Services should be mindful that children and young people have wide and varied health, social, educational, emotional and developmental needs that will differ from their chronological age. This is important in the assessment and planning process to ensure that the individual needs of young people are recognised when planning for transition.

11.3 Transition from children's to adult services can cause considerable stress for families and carers. In order to reduce the stress it is vital that transition planning is started early, at about 14 years, and is central to any work that is undertaken with the young person and their family. It should centre on the views, wishes and aspirations for the future of the young person and their parents / carers. It is also essential that the services and support provided at the time of transition are seamless, but also enable the young person to achieve greater independence. Effective planning, that starts well before the transition period, will help to keep young people engaged and accessing services that will enhance independence and meet support needs. This should be a person centred approach and include adult services at an appropriate point to ensure that robust plans can be in place by the time a young person is 18 or leaving school / college for instance at age 16. For a young person with a disability who is looked after / has complex needs and high level of support and at age 17 for other young people requiring on-going support at 18.

11.4 Good practice for transition planning should be based on the principles of self-directed support, and should include service provision which is multi-disciplinary, holistic, planned and provides an element of continuity. Young adults who are in transition who are not subject to on-going child safeguarding processes should be referred to adult services if there are safeguarding concerns. There may be times when a young person, who is subject to a care order, requires guardianship when they reach adulthood. In such circumstances the Local Authority is responsible for identifying this need and ensuring it happens. If guardianship is deemed necessary, it should be addressed as early as possible and reviewed regularly as part of the young person's pathway planning process.

12 Drug and Alcohol Services

12.1 A specific Safeguarding Children affected by Parents, Carers or Other Adults Substance Misuse protocol is to be developed between Kingston Wellbeing Service and Children's Services here:

<https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/news-resources/policies-and-procedures-87/joint-substance-misuse-protocol-254.php>

This is because the issues that professionals need to consider when working with children and young people whose parents, carers or other significant people in their lives misuse substances, are complex and wide ranging.

12.2 Substance use by a parent, carer or other significant adult should not be a reason for considering a child to be at risk of significant harm or to initiate child protection procedures. However, parental or carer substance misuse is a factor to be carefully considered when assessing the parenting skills and elements of risk to a particular child. Parental/carer substance misuse can be associated with neglect, isolation, physical or emotional abuse, poverty, separation and exposure to criminal behaviour. Longer-term risks include emotional, cognitive, behavioural and other psychological problems, early substance misuse and offending behaviour and poor educational attainment. It can also cause young people to become carers of addicted parents. Substance misuse can have serious implications for the safety and wellbeing of children, particularly when combined with other facts such as parental/carer mental ill health and domestic abuse. There is a need for careful analysis of an individual's substance misuse with the emphasis on how that misuse impacts on their pregnancy and/or the care of their children.

12.3 The protocol is a significant step forward in equipping professionals to provide the best possible service to children and families in these situations. The protocol provides practical guidance around assessing and managing risk as well as clear guidance about the pathways for children and their families who need support together with information about accessing the right support for the adults involved. It should be read by all agencies who provide services to children and young people or to parents/carers and pregnant women who have substance misuse issues. It also applies to any adult with substance misuse issues who has contact with a child or children, even if not a parent or carer e.g. lodger, family visitor or babysitter.

13 Working with pregnant women and unborn children

- 13.1 All agencies are responsible for identifying pregnant women at risk who may be in need of additional services and support. Pregnant women with a previous history of mental health problems are particularly vulnerable during the later stages of pregnancy and following the birth of their baby. Substance misuse in pregnancy will impact on the welfare of the unborn child and needs to be addressed at an early stage.
- 13.2 The possible impact of domestic abuse on the unborn child is the risk of injury to the foetus, because research highlights that violence towards women may increase both in severity and frequency during pregnancy, and often involves punches or kicks directed at the women's abdomen. Such assaults can result in a greater rate of miscarriage, still or premature birth, foetal brain injury and fractures. Any domestic abuse, incidents during pregnancy including coercion and control or financial abuse, should be viewed as posing a high risk to the mother and the unborn child.
- 13.3 When an agency identifies a pregnant woman at risk an assessment must be undertaken to determine what services she requires. The midwife should initially assess and refer to appropriate services. This must include gathering relevant information from their GP and relevant Adult Services, in addition to any other agencies involvement, to ensure that the full background is known. This is especially important where awareness of earlier births may need to be clarified, for example, in the case of older or overseas children. Where this assessment identifies that a pregnant woman has additional needs a pre-birth assessment must be undertaken by children's social care and it is important that they liaise with either the Bridge Team who are the safeguarding midwives at Kingston Hospital Foundation Trust and the named safeguarding lead at West Middlesex Hospital, or the Hospital where the woman is booked. Guidance on pre-birth assessments is provided in the London Child Protection Procedures and the KRSCP pre-birth protocol, see here: <https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/news-resources/policies-and-procedures-87/pre-birth-protocol-152.php> for more information.
- 13.4 Where the need for referral is unclear, this must be discussed with a line manager or professional adviser before referring to the appropriate services. If a referral is not made this must be clearly documented on the parental file. Staff must ensure that all decisions and the agreed course of action are signed and dated. The outcome of the pre-birth assessment will determine whether there are sufficient concerns to warrant further intervention either as part of Prevention and early help or as part of a child protection plan.
- 13.5 A pre-birth initial assessment should be undertaken on all pre-birth referrals and a professional's strategy meeting held where:
- There has been a previous unexplained death of a child whilst in the care of either parent.
 - There are concerns about domestic abuse or where a family member or partner is a person identified as presenting a risk to children.
 - A sibling in the household has a child protection plan.
 - A sibling has previously been removed from the household either temporarily or by court order.

- The degree of parental substance misuse is likely to significantly impact on the baby's safety or development.
- The degree of parental mental illness/impairment is likely to significantly impact on the baby's safety or development.
- There are concerns about parental ability to self-care and/or to care for the child e.g. unsupported young or learning disabled mother.
- Any other concern exists that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child.

If it is decided that a pre-birth inter-agency meeting is not needed this decision must be endorsed by a manager.

13.6 A referral needs to be made to the Safeguarding lead in the Maternity Team at Kingston Hospital Foundation Trust or safeguarding lead in the Maternity Team at West Middlesex Hospital (or the relevant Hospital) for a pre-birth planning meeting in line with the KRSCP Pre-birth protocol.

14 Young Carers

14.1 Anyone who gives, or is going to give support, care and help on a regular basis has a right to have a Carer's Assessment; this includes Young Carers whose life might be restricted because of the need to care for someone.

14.2 The Local Authority is responsible for Carer's Assessments. If an adult or child requests a carer's assessment, social work services must assess for this.

14.3 Any Young Carer is entitled to an initial assessment of their ability to care under section 1(1) of the Carers (Recognition and Services) Act 1995 and the local authority must take that assessment into account in deciding what community care services to provide for the parent or family member being cared for. Referrals in relation to identified Young Carers should include consultation with the relevant adult services and consideration of a joint assessment of the adult and child's needs (see Contact section). Depending on the age of the child parental consent may be requested for this assessment. When a child is acting in a young carer role contact with their school to discuss the situation should be encouraged. Being a Young Carer is often a cause of poor attendance, underachievement and bullying, with many Young Carers dropping out of school or achieving no qualifications.

15 Purchasing Responsibilities

15.1 Where a child is assessed as in need there will be discussion between Children's Services and Adult services around the package of care to support required and the manner in which this will be funded.

Contact Details

KINGSTON CONTACT DETAILS	
Adult Mental Health Services in Kingston	
Service	Contact information
<p>Kingston Wellbeing Service Is a Joint Substance Misuse and IAPT Service</p>	<p>Making a Referral: We accept referrals from GPs, health professionals and other services who may already be involved with clients. Clients can also self-refer: Address: Surbiton Health Centre, Ewell Road, Surbiton, KT6 6EZ Tel: 020 8274 3051 Email: cim-tr.referralskingstonwellbeing@nhs.net Website: http://www.kingstonwellbeing.org/</p>
<p>Substance Misuse Team This element of the service offers support to adults experiencing alcohol and drug problems.</p>	<p>Making a Referral: We accept referrals from GPs or other health professional referrals, or self-referral Address: Hollyfield House, 22 Hollyfield Road, Surbiton, KT5 9AL Tel: 020 3313 7900 Email: cim-tr.referralskingstonwellbeing@nhs.net Website: http://www.kingstonwellbeing.org/</p> <p>IAPT – Psychological Therapies Team The IAPT services works with clients (18 years and upwards), presenting with mild-moderate Depression and Anxiety Disorders using predominantly CBT, and on occasion we are able to offer more specialist therapies. Clients will be offered Individual or group sessions.</p>
<p>Two Recovery and Support Teams</p>	<p>There are two Recovery and Support teams in Kingston: one for the north and one for the south of the Borough, working to GP alignment, i.e. according to the location of the client's GP. The teams are both based at Tolworth Hospital and can be contacted through a single point of access and a single telephone number</p> <p>Tel: 020 3513 5000 Out of hours: 0800 028 8000 Website: https://www.swlstg.nhs.uk/our-services/find-a-service/service/kingston-rst Address: Acacia Unit, Tolworth Hospital, Red Lion Road, Surbiton, KT6 7QU</p> <p>The Recovery & Support Teams provide services for adults 18- 65 years of age who have severe mental health problems e.g. schizophrenia, severe depression and psychotic disorders.</p>

Adult Social Care in Kingston	
Kingston Adult Social Care	<p>Tel: 020 8547 5005</p> <p>Email: adults@kingston.gov.uk</p> <p>Address: Guildhall 2, High Street, Kingston upon Thames, KT1 1EU</p>
Adult Safeguarding in Kingston	
Adult Social Care Access Team (safeguarding Adults Hub)	<p>If a member of staff needs advice on safeguarding adults or to raise a concern, they should contact the access team and speak with safeguarding triage:</p> <p>Tel (working hours): 020 8547 5005 Out of hours: 020 8770 5000</p> <p>If the concern is an emergency, contact the Police on telephone number 999</p> <p>Complete the Concern Form which can be found on the safeguarding adults webpage on the website and email to adult.safeguarding@kingston.gov.uk</p>
Children Services and Safeguarding Contact in Kingston	
The Single Point of Access, Protection and Early Help services	<p>Tel: 020 8547 5008</p> <p>The Emergency Duty Team for out of hours after 5pm weekdays and weekends</p> <p>Tel: 02087705000</p> <p>Following the telephone referral, the worker must confirm their concerns in writing within 24 hours.</p> <p>Address: SPA, Achieving for Children, 1st Floor, Guildhall 2, Kingston upon Thames, KT1 1EU</p> <p>In an emergency contact the Police on telephone number 999</p>
Kingston Carers Network	<p>Kingston Carers Network.</p> <p>Address: 418 Ewell Road, Tolworth, KT6 7HF</p> <p>Tel: 020 3031 2757</p> <p>Website: www.kingstoncarers.org.uk</p> <p>Young Carers Co-ordinator</p> <p>Tel: 020 3031 2754</p> <p>Email: youngcarers1@kingstoncarers.org.uk</p> <p>Website: www.kingstoncarers.org.uk</p>

Kingston Hospital Safeguarding Midwives	Bridge Team Tel: 020 8546 7711 and ask for Safeguarding Midwives
Named Nurse for Safeguarding Children South West London and St George's Mental Health Trust	Frankie Campbell Named Nurse for Safeguarding Children South West London and St George's Mental Health Trust Tel: 07595 413718 Website: https://www.swlstg.nhs.uk/clinical/safeguarding-adults https://www.swlstg.nhs.uk/images/Safeguarding and Promoting the welfare of children.pdf Email: Frankie.campbell@nhs.net
National Advocacy	POhWER is a charity and membership organisation. We provide information, advice, support and advocacy to people who experience disability, vulnerability, distress and social exclusion. Tel: 0300 456 2370 Website: http://www.pohwer.net Email: pohwer@pohwer.net Skype: pohwer.advocacy Fax: 0300 456 2365 Post: PO Box 14043, Birmingham, B6 9BL
Kingston Advocacy Group	KAG helps vulnerable people have a say in decisions that affect them and how they live their lives. KAG provides independent advocacy support at no direct cost to these individuals, who have a learning disability or mental health issue. Website: http://www.kagadvocacy.org.uk/ Tel: 0208 549 1028 Address: 50 Canbury Park Road, Kingston upon Thames, Surrey, KT2 6LX
SWLSTG Community Perinatal Mental Health Service	The Community Perinatal Mental Health Service is a small highly specialised service providing perinatal mental health consultation and advice to primary care in Wandsworth, Merton, Sutton, Kingston and Richmond and to all the other adult mental health services within the South West London Mental Health Trust Team Contact Number: 020 8266 6984 Team Administrator: Aissa Sheik-Panchoo Email: aissa.sheik-panchoo@swlstg-tr.nhs.uk Address: Springfield University Hospital, 61 Glenburnie Road, London, SW17 7DJ

	<p>Tel: 020 3513 6577</p> <p>Email: ssg-tr.perinatalswlstg@nhs.net</p> <p>Website: https://www.swlstg.nhs.uk/our-services/find-a-service/service/perinatal-mental-health-service</p>
RICHMOND CONTACT DETAILS	
Adult Mental Health Services in Richmond	
Service	Contact information
<p>Richmond Wellbeing Service</p> <p>Richmond Wellbeing Service is the Borough's Talking Therapies and Specialist Support team who provide a number of different talking therapies as well as psychiatric consultation and support for people with mild to moderate mental health problems e.g. depression, anxiety, etc.</p>	<p>Appointments can be made by an individual's GP, healthcare professionals or other services who may already be involved, we also accept self-referrals via the website or telephone:</p> <p>Address: First Floor, St Johns Health Centre, Oak Lane, Twickenham, TW1 3PA</p> <p>Tel: 020 8548 5550</p> <p>Website: www.richmondwellbeingservice.nhs.uk</p> <p>The service also includes a psychiatric liaison team who undertake mental health assessments for more complex cases who are referred by the individual's GP.</p>
<p>Two Recovery & Support Teams</p> <p>The Recovery & Support Teams provide services for adults 18- 65 years of age who have severe mental health problems e.g. schizophrenia, severe depression and psychotic disorders.</p>	<p>There are two Recovery & Support Teams in Richmond based at Barnes Hospital providing a service to adults with severe and enduring mental health problems. Working with Richmond wellbeing service, Richmond Intensive Outreach Team, Richmond Care Home Liaison Service and Richmond Intensive Outreach Team.</p> <p>Tel: 020 3513 5000</p> <p>Single point of access: ssg-trkrassessment@nhs.net</p> <p>Website: https://www.swlstg.nhs.uk/our-services/find-a-service/service/richmond-richmond-rst</p> <p>Address: Barnes Hospital, Barnes, SW14 8SU</p> <p>Crisis Helpline for existing service users: 0208 028 8000</p>
Adult Social Care in Richmond	
<p>Richmond Adult Social Care</p>	<p>Tel: 020 8891 7971</p> <p>Out of Hours: 020 8744 2442</p> <p>Email: adultsocialservices@richmond.gov.uk</p> <p>MASH</p>

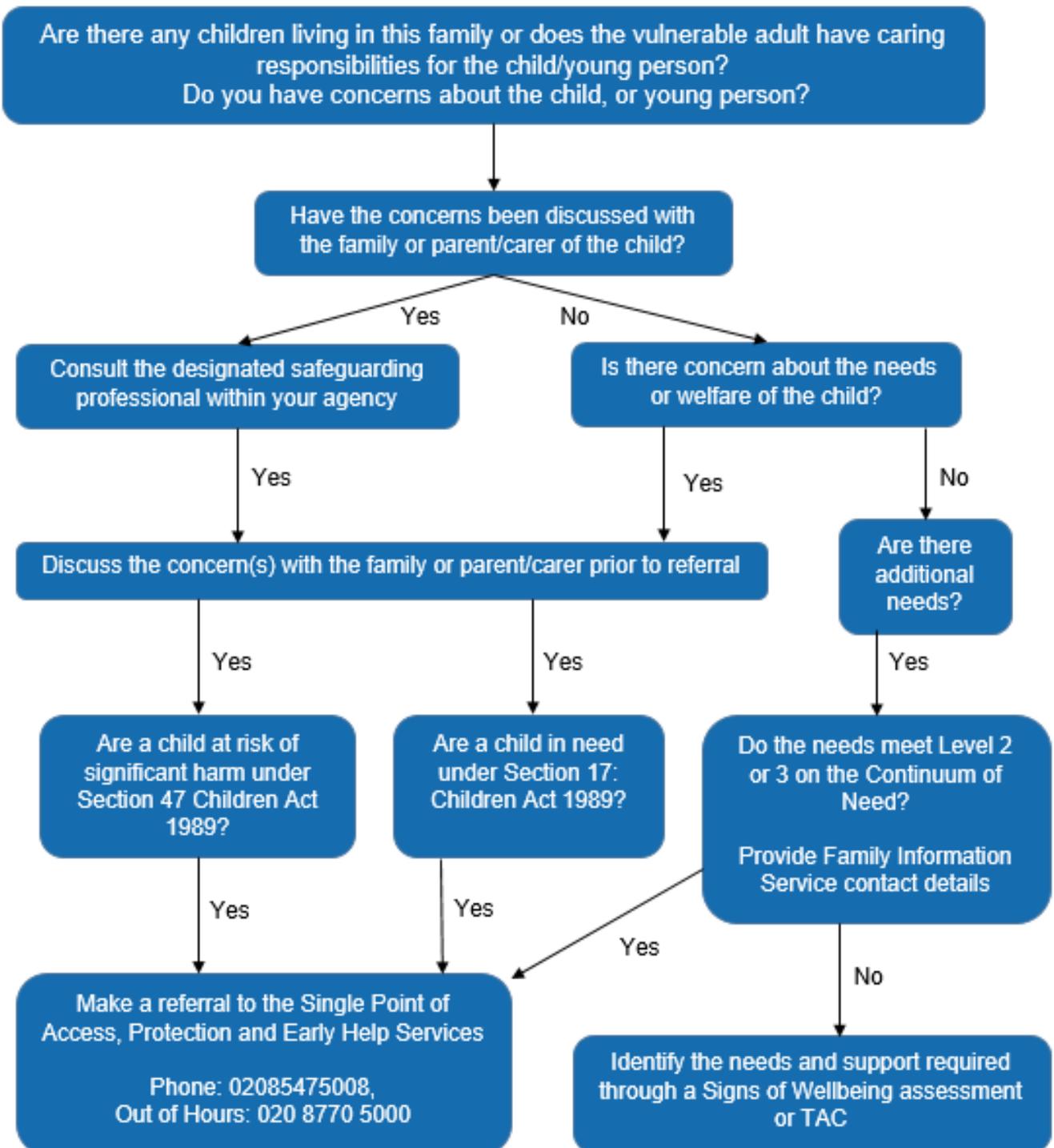
	<p>SWMailbox-.MASHKingston/Richmond@met.police.uk and calling 999 for emergencies.</p> <p>Address: Civic Centre, 44 York Street, Twickenham, TW1 3BZ</p> <p>Website: https://www.richmond.gov.uk/adult_social_care</p>
Adult Safeguarding in Richmond	
Adult Access Team	<p>If a member of staff needs advice on safeguarding adults, they should contact the Adult Access Team</p> <p>Tel: 020 8891 7971 Out of Hours: Tel: 020 8744 2442</p> <p>Textphone: 18001 020 8891 7971</p> <p>Type Talk: 18001 020 8744 9414</p> <p>Email: adultsocialservices@richmond.gov.uk</p> <p>In an emergency contact the Police on telephone number 999</p>
Children Services and Safeguarding Contact in Richmond	
<p>The Single Point of Access</p> <p>The Single Point of Access team (SPA) are specifically trained to handle your concerns, liaising with other teams to investigate your concerns. The team also provides information and advice across a range of children and family services.</p>	<p>If you have concerns about a child, contact our specialist team by:</p> <p>Tel: 020 8574 5008</p> <p>For out of hours and weekend services:</p> <p>Tel: 020 8770 5000.</p> <p>Address: SPA, Achieving for Children, 1st Floor, Guildhall 2, Kingston upon Thames, KT1 1EU</p> <p>If you or a child is in immediate danger you should always phone 999</p>
Richmond Carers	<p>Address: 5 Briar Rd, Twickenham, TW2 6RB</p> <p>Tel: 0208 867 2380</p> <p>Website: www.richmondcarers.org</p> <p>Young Carers Support Worker</p> <p>Tel: 020 8867 2383</p> <p>Email: youngcarers@richmondcarers.org</p> <p>Information and advice; young carers activity and support groups; activities and group trips during the school holidays; one-to-one support for young carers, referral of young carers and their families to other carer support agencies.</p>

West Middlesex Hospital Safeguarding Midwives	Maternity Sarah Green Consultant Midwife for Public Health & Safeguarding Email: sarah.green9@nhs.net Tel: 07771 334490
Kingston Hospital Safeguarding Midwives	Tel: 020 8546 7711 and ask for safeguarding midwives
Richmond Advocacy	Richmond Care and Support Website: https://richmondcareandsupport.org.uk/i-need-help-with/getting-involved-and-being-heard/support-to-get-involved/someone-to-speak-on-your-behalf.aspx Address: Cambridge House Advocacy, 303A Mortlake Business Centre, 20 Mortlake High Street, London, SW14 8JN Phone: 020 7358 7007 Web: www.ch1889.org Email: Richmond@ch1889.org
National Advocacy	POhWER is a charity and membership organisation. We provide information, advice, support and advocacy to people who experience disability, vulnerability, distress and social exclusion. Tel: 0300 456 2370 Website: http://www.pohwer.net Email: pohwer@pohwer.net Post: PO Box 14043, Birmingham, B6 9BL
Named Nurse for Safeguarding Children South West London and St George's Mental Health Trust	Frankie Campbell Named Nurse for Safeguarding Children South West London and St George's Mental Health Trust Tel: 07595 413718 Email: Frankie.campbell@nhs.net
SWLSTG Community Perinatal Mental Health Service	The Community Perinatal Mental Health Service is a small highly specialised service providing perinatal mental health consultation and advice to primary care in Wandsworth, Merton, Sutton, Kingston and Richmond and to all the other adult mental health services within the South West London Mental Health Trust Team Contact Number: 020 8266 6984 Team Administrator: Aissa Sheik-Panchoo

	<p>Email: aissa.sheik-panchoo@swlstg-tr.nhs.uk</p> <p>Address: Springfield University Hospital, 61 Glenburnie Road, London, SW17 7DJ</p> <p>Tel: 020 3513 6577</p> <p>Email: ssg-tr.perinatalswlstg@nhs.net</p> <p>Website: https://www.swlstg.nhs.uk/our-services/find-a-service/service/perinatal-mental-health-service</p>
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Appendix 1

Decision making flowchart – referral for a child

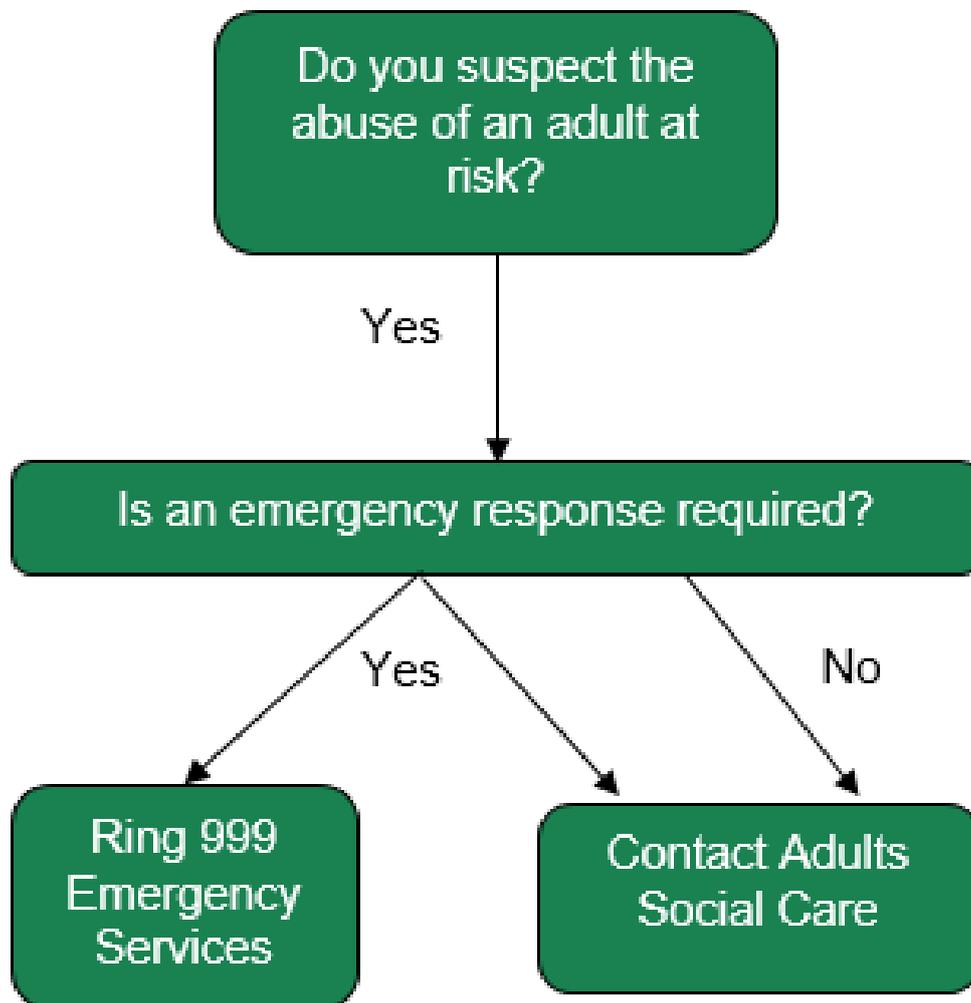


If a worker is concerned that a child is suffering, or likely to suffer, significant harm, a telephone referral must be made as soon as possible to: - The Single Point of Access, Protection and Early Help Achieving for Children, 1st Floor , Guildhall 2, Kingston upon Thames, KT1 1EU.

In an emergency contact the Police on 999.

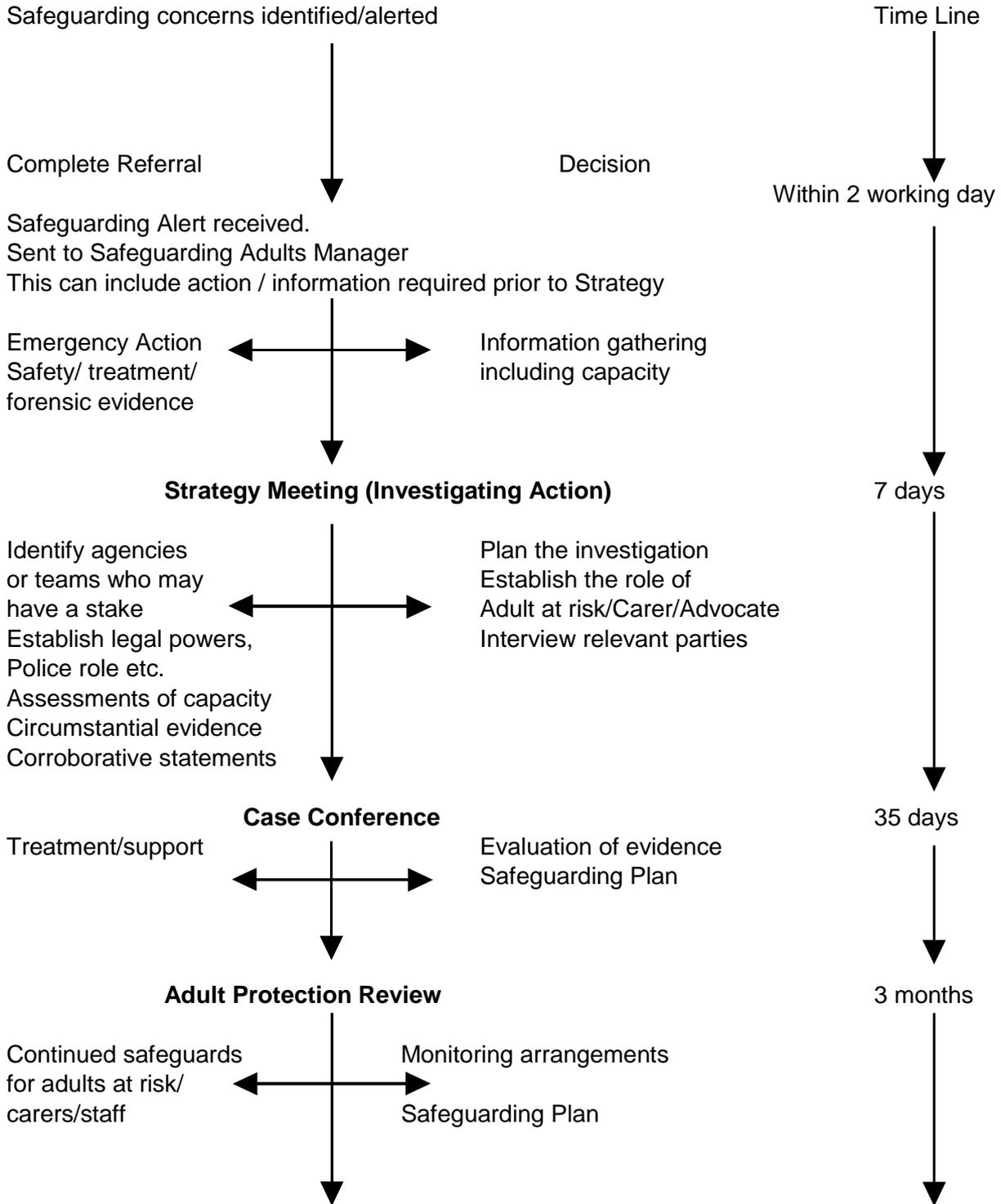
Appendix 2

Decision making flowchart – Alert for an Adult



Appendix 3

Flowchart of the Safeguarding Adults Process



If you think someone you know may have been abused or you need to get in touch with the Safeguarding Adults and Mental Capacity Act Team, for any reason or for advice.

Appendix 4

Book References

Book Name	ISBN No.	Author
I Had a Black Dog	978-1-84529-589-9	Matthew Johnstone
How the Doctor Stopped Mummy Doing Odd Things		Victoria Lowry
Think Good Feel Good	0-470-84290-3	Paul Stallard
A Volcano in my Tummy	978-0-86571-349-9	Eliane Whitehouse & Warwick Pudney
Creative Therapy	978-1-85433-257-8	Angela Hobday & Kate Ollier
Cool Connections with Cognitive Behavioural Therapy	978-1-84310-618-0	Laurie Seiler
The Huge Bag of Worries	978-0-340-90317-9	Virginia Ironside & Frank Rodgers
The Lonely Giraffe	978-0-7475-7144-5	Peter Blight & Michael Terry
Children Caring for Parents with Mental Illness	1-86134-299-X	Jo Aldridge & Saul Becker
Effective Group Work with Young People	978-033523418-9	Jane Westerguaard
Press Play	978-1-4052-1856-6	Anne Fine & Joelle Dreidmy
The Wise Mouse	978-0-9552573-1-5	Virginia Ironside & Nick Sharratt
Living with a Black Dog	978-1-84529-743-5	Matthew & Ainsley Johnstone
Manifest Your Magnificence	0-9730380-0-4	Susan Howson & Mike Polito

Appendix 5

Useful Links and References

KRSCP Threshold document:

<https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/news-resources/policies-and-procedures-87/multi-agency-threshold-document-144.php>

Kingston and Richmond Achieving for Children Early Help Assessment:

<https://www.achievingforchildren.org.uk/early-help-assessment/>

Every Child Matters:

<http://webarchive.nationalarchives.gov.uk/20100623194820/publications.everychildmatters.gov.uk/eorderingdownload/00807-2008bkt-en-march09.pdf>

Achieving for Children SEND Local Offer (Special Educational Needs and Disability)

https://kr.afcinfo.org.uk/local_offer

KRSCP Learning and Development:

<https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/training.php>

References

Ashley, C. (ed.) (2011) 'working with risky fathers: fathers matter volume 3: research findings on working with domestically abusive fathers and their involvement with children's social care services' London: Family Rights Group.

Biennial Analysis of the Impact of Serious Case Reviews, Brandon, Marian, Sidebotham Peter, Bailey Sue, Belderson Pippa, Hawley Carol, Ellis Catherine & Megson Matthew., 2011.

Cleaver, H., Unell, I. and Aldgate, A. (2010) Children's Needs – Parenting Capacity: The impact of parental mental illness, learning disability, problem alcohol and drug use, and domestic violence on children's safety and development. 2nd Edition. London: The Stationery Office.

Clinical Governance and Adult Safeguarding: An Integrated Process National 'No secrets' NHS Advisory Group February 2010.

Jaffe, P., Wolfe, D.A. and Wilson, S. (1990) Children of Battered Women. London: Sage.

Mezey, G. and Bewley, S. (1997) 'Domestic violence and pregnancy.' British Journal of Obstetrics and Gynaecology 104, 528–531.

Report Summary, 'What about the Children?' (Ofsted and CQC, 2013).

Social Exclusion Taskforce/Cabinet Office (2007) Reaching Out: Think Family-Analysis and themes from the Families at Risk Review.