



Northamptonshire Protocol for Raising Concerns about Vulnerable Children and Adults

1.0 Introduction

1.1 There are many situations where children may be living with or regularly having contact with vulnerable adults. Children's workers may become aware of vulnerable adults about whom they may have concerns, for example, in the household, extended family, or neighbourhood. Adult workers may also have concerns about children with whom they have knowledge. In order to safeguard both children and vulnerable adults in such situations, it is essential that children's and adults' services including those commissioned, work together effectively.

1.2 It is well established that the needs of children are usually best met by living within their own families. However, in situations where they are being cared for by vulnerable adults, these needs can only be understood and met by assessing the whole family, but particularly the parents / carers. Research strongly indicates that where children are being cared for by vulnerable adults, particularly those with substance misuse or enduring mental ill health issues, 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.

1.3 However, it is not just children who may be at risk of harm. Vulnerable adults may also be susceptible to abuse from other adults and young people, and include children in exceptional circumstances. It is also important to remember that a young person who is considered vulnerable will, therefore, become a vulnerable adult on their 18th birthday which may also be applicable from their 16th birthday in matters that involve issues around capacity (Mental Capacity Act) and domestic abuse.

This protocol therefore, is to promote effective communication and timely referrals between all adult and children's services, including transition between children's and adults' services in Northamptonshire, and promote good practice in multi-agency working.

1.4 This is a collaborative protocol between Northamptonshire Safeguarding Children Board (NSCB) and Northamptonshire Safeguarding Adult Board (NSAB) and is a generic protocol about how to raise concerns about a vulnerable child or adult. It should be read in conjunction with the specific inter-agency procedures relevant to the circumstances. These include:

- substance misuse
- mental health
- learning disabilities
- domestic abuse
- financial abuse

Procedures are available from the NSCB website <http://northamptonshirescb.proceduresonline.com/>

<http://www3.northamptonshire.gov.uk/councilservices/adult-social-care/safeguarding/Pages/safeguarding-adults-forms.aspx>

And the NSAB website <http://www3.northamptonshire.gov.uk/councilservices/adult-social-care/safeguarding/Pages/safeguarding-adults-board.aspx>

2.0 Purpose

2.1 The purpose of this protocol is to:

- provide a clear framework for referral, assessment and ongoing work with families where vulnerable adults are caring for children;
- develop and improve joint working practices across children's and adults services;
- ensure that children's and adults needs are prioritised equally and they are safeguarded from abuse and harm.

3.0 Definitions

Child

3.1 A **child** is defined in the *Children Act 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 (2015)*, as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

3.2 Children in need are those, defined under s17 of the *Children Act 1989* as:

“(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;

(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

(c) he is disabled,

and “family”, in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living.

For the purposes of this Part, a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed; and in this Part—

- *“development” means physical, intellectual, emotional, social or behavioural development; and*
- *“health” means physical or mental health”.*

3.3 Some children are in need because they are suffering, or likely to suffer, significant harm. The *Children Act 1989* introduced the concept of significant harm as the threshold for statutory 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, sexual abuse or neglect.

Vulnerable adult

3.4 The safeguarding duties defined in the Care Act 2014 apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- 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.

3.5 Types of abuse of vulnerable adults are defined in the Care Act 2014 Statutory Guidance as:

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.
- Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- 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.

3.6 Under adult safeguarding procedures, an adult requiring a safeguarding investigation does not need to meet the [Fair Access to Care](#) eligibility threshold.

4.0 Legislative and Policy Framework

4.1 The following legislation and policies have provided the framework for this protocol:

- The Children Act 1989
- The Children Act 2004
- Mental Capacity Act 2005
- Every Child Matters 2003
- Working Together to Safeguard Children 2015
- Care Act 2014
- The Framework for the Assessment of Children in Need and their Families Department of Health 2000
- Northamptonshire Safeguarding Children Board Child Protection Procedures
- Northamptonshire Safeguarding Adults Board Inter-Agency Policy and Procedures
- Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work 2005

5.0 Action to be taken by staff concerned about a child or vulnerable adult

Staff working in Adult Services who are Concerned about a Child

5.1 All staff assessing or working with vulnerable adults 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. All Adult services including those commissioned must ensure their workforce have appropriate training in recognising and responding to safeguarding / child abuse.

Likelihood of Significant Harm

5.2 If a worker is concerned that a child is suffering, or likely to suffer, significant harm, a referral must be made as soon as possible to the Northamptonshire Multi Agency Safeguarding Hub (MASH).

MASH contact details:

Referrals must be made in one of the following ways:

- By using the online multi-agency referral form:
<https://northamptonshire.firmstep.com/default.aspx/RenderForm/?F.Name=a4NtwT46Fcm>
- In writing, using the multi agency referral form
- By e-mail: mash@northamptonshire.gcsx.gov.uk, using the multi agency referral form
- Or by telephone: 0300 126 1000 option 1

All professionals must confirm verbal and telephone referrals in writing within 48 hours of being made using the Multi Agency Referral Form (see above) and by attaching the Early Help Assessment completed documentation, if appropriate, to support the referral.

5.3 If professionals need to refer a child who they believe is a child in need (CIN) or who they think is suffering or likely to suffer, significant harm outside of office hours, they should call the **Out of Hours Service**:

Mon – Thurs 17.15 to 08.45 Fri – Mon 16.45 to 08.45 on **01604 626938**.

In an emergency, ring 999 to contact Northamptonshire Police.

For further information see: <http://www.northamptonshirescb.org.uk/worried-about-a-child/>

Children with additional needs, but not considered to be a child in need or at risk of significant harm

5.4 Staff in adult services should consult with the relevant area Early Help Co-ordinator if they are not confident about completing an Early Help Assessment with the family. An Early Help Co-ordinator can be contacted by ringing the Early Help Support Service:

- By telephone: 0300 126 1000 option 1 then option 2
- By email: earlyhelpsupport@northamptonshire.gov.uk

5.5 If an Early Help Assessment has already been undertaken but the plan is not delivering the intended outcome for the child, then referral to the MASH needs to be considered.

5.6 If a parent or a member of the public tells a worker they want to make a referral about a child or children, they should be informed that they should contact the MASH.

Staff working in Children's Services concerned about a Vulnerable Adult

5.7 All staff assessing and working with children 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, Children's Services should consider a referral to Adult Services for an assessment of the vulnerable adults' capacity to protect themselves from harm to further inform the assessment of the adult's ability to meet the needs of their children (including unborn children), and to safeguard them from harm.

5.8 If a member of staff working with children has concern that an adult is in need of services for his / herself, or his / her capacity to provide adequate care to the child is affected by his / her vulnerability, or that the adult may be suffering abuse or exploitation, then advice should be sought from their line manager in the first instance. If the line manager is not available then another manager should be consulted.

If a member of staff is concerned about the care, welfare or safety of a vulnerable adult, a referral should be made as soon as possible to the Customer Service Centre.

- By using the online multi-agency referral form:
<http://www3.northamptonshire.gov.uk/councilservices/adult-social-care/Pages/professionals-working-with-adults.aspx>
- Or by telephone: 0300 126 1000 (Option 2)

Please see Northamptonshire Safeguarding Adult Procedures for further advice and information.

5.9 If professionals need to refer a child who they think is suffering or likely to suffer, significant harm outside of office hours, they should call the **Out of Hours Service**:

Mon – Thurs 17.15 to 08.45 Fri – Mon 16.45 to 08.45 on **01604 626938**.

In an emergency, ring 999 to contact Northamptonshire Police.

5.10 Any member of staff working with children who becomes aware of a vulnerable adult in need of services and / or protection, with whom they are not directly involved, should seek advice about appropriate action, as above in section 5.08 and 5.09.

Joint Working

5.11 Adult Care Services, Children's Services and any other agencies involved must recognise the shared responsibility of all the professionals to make effective use of their combined knowledge and experience to provide the best standards of service and care for the family or individual concerned. Effective communication and joint working, where possible, should also help to ensure a more thorough assessment, which in turn will ensure that children in need are identified and safeguarded (through a child protection plan or a child in need plan) and that vulnerable adults at risk are identified and safeguarded. Effective communication between all agencies involved, including both Adult's and Children's Services, is imperative to promote effective and coordinated interventions where there are both children and vulnerable adults in the family.

5.12 Where concerns are identified with regard to a child and adult living in the same household, irrespective of whether the adult is a parent of the child, consideration should be given to the convening of a joint (multi-agency) planning meeting at the outset to share information to inform the development of the plans to respond to the respective identified needs.

5.13 Adult social care will lead the care management process for the vulnerable adult and Children's Services for the child. It is the responsibility of both Children's and Adult's services to provide a coordinated response to the family.

5.14 The assessment of needs of the vulnerable adult should take full account of their parenting role and responsibilities and be reflected in the resultant care plan, describing how it is intended to meet those needs. The assessment should be informed by information and advice from specialist professionals and clinicians in both adults and children's services, where relevant and if such are involved.

5.15 The needs of all carers, including young carers, should be recognised. Time consuming and / or inappropriate tasks and responsibilities which adversely impact upon the child's welfare, should be avoided by a coordinated and agreed provision of adequate and accessible support services to the vulnerable parent and their family. This may include services from the Northamptonshire Young Carers for the young person.

5.16 Where services are being provided by Adult social care to a vulnerable adult who is the parent of, or is living in the same household as a child in receipt of services from Children's Social Care, consideration should be given by both lead agencies, wherever possible, to the convening of a joint review/planning meeting of all services being provided.

Case Responsibility

5.18 Responsibility for the case management of each child or adult will remain with Children's Social Care and Adult Social Care respectively.

5.19 Where it is proposed that a joint plan is developed for both a child and their parent/carer/other adult in the household, these should be developed wherever possible with the involvement of the family and advocate, if applicable. The single 'holistic' care plan together with minutes of the review/planning meeting should then be shared with all family members and professionals involved.

Communication and Liaison

5.20 Any issues of practice or communication that arises between agencies should, wherever possible, be resolved informally between agencies. If this is not possible, the Northamptonshire Safeguarding Children Board procedure for resolving professional disagreements should be applied. See link below

[NSCB 7.2 Resolving Professional Disagreements in Individual Cases](#)

Information Sharing and Confidentiality

5.21 There is a statutory duty for professionals to share information, where there are concerns about the safety or wellbeing of a child or vulnerable adult. This will sometimes mean sharing information about the adults caring for that child, or about adults at risk, without prior consent of that adult. Where possible, good practice is to work in partnership with parents / carers, and gain their consent to share information. However, where there is a concern that a child is at risk or, or is suffering, significant harm, the child's need for safety is paramount. As long as disclosure to the parents is not likely to increase the risk, the parents should be informed in advance that information is to be shared with all relevant professionals (including any relevant Adult Services).

See Northamptonshire Child Protection Procedures <http://northamptonshirescb.proceduresonline.com/>

See NSAB Info Sharing Protocol

<http://www3.northamptonshire.gov.uk/councilservices/adult-social-care/safeguarding/Pages/safeguarding-adults-forms.aspx>

5.22 However, where a child who is living in a household where Adult Social Care is involved is the subject of enquiries under Section 47 of the Children Act 1989 and where it is considered that to inform the parents / carers at that stage would place the child at greater risk, Adult Social Care should be made fully aware at the earliest opportunity, if not involved in the decision. It is the responsibility of the Children's Social Care Manager in liaison with Northamptonshire Police to ensure that such issues are identified, and considered where appropriate, through relevant agencies being consulted or directly involved in decision making from the outset.

5.23 It is therefore the responsibility of all other professionals working with the family to share information with Children's Services when requested to do so as part of Section 47 Enquiries. In addition it is the responsibility of the child's social worker to ensure that appropriate information is shared back to staff working with children who are a subject of those enquiries.

5.24 Adult Social Care should ensure that, where relevant, it is explained to parents as part of their working contract with them, so that they are clear that information relating to the safety and protection of the child, to include information about the adults' functioning in so far as it impacts on the child, cannot be kept confidential. If Adult Social Care is not clear whether a child is a 'child in need' or a child who is at risk of, or suffering, significant harm, this should be discussed with Multi Agency Safeguarding Hub in the first instance.

5.25 If Children's Social Care is concerned about an adult's ability to care for themselves or their dependents, then they should make a [referral to Adult Social Care](#).

5.26 Information about a vulnerable adult at risk can (and should) be shared without the adult's consent, provided certain conditions are satisfied and the information is shared for the purposes of safeguarding the adult or others who may be at risk. See [Safeguarding Adults, Procedures for Northamptonshire](#), for further information.

5.27 Adult workers when working with a young adult are required to check with the MASH whether there have been any previous safeguarding issues relating to that individual or involvement with Children's Services.

6.0 Transition from children to adult services

6.1 Young people with long term needs may need to move from children 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.

6.2 During adolescence, young people may experience change in a number of areas: from paediatric to adult health services, school to 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 a young person 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. Transition from children 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 at the earliest opportunity, and is a central to any work that is undertaken with the young person and their family. For a child who is looked after transition planning should begin when the child is about 14 ½ years.** 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.

See: [Children and Young People Aged 0-25 with Special Educational Needs and Disabilities Leaving Care and Transition](#)

6.3 Effective planning that starts well before the transition period will help to keep young people engaged and accessing service that will enhance independence and meet support needs. This should be a person centred approach and include Adult Services from the beginning. The Education, Health and Care planning process now introduced in response to the Special Education Needs and Disability Reforms aims to ensure that young people's goals, aspirations and support needs are identified at an early age and that there is a seamless transition through from children's to adults services and post school.

6.4 Good practice for transition planning should be based on the principles of personalisation, and specific service provision which is multi-disciplinary, holistic, planned and provides an element of continuity. The goal of transition planning should be to provide high quality services, offer choice and control to young people / young adults and maximise their education, training, employment and social opportunities (SCIE, 2005).

6.5 Where Children's Services believe there are adult safeguarding concerns for a young person/adult in transition these must be brought to the notice of Adult Services, as part of the transition process at the earliest opportunity.