

Southwark Joint Service Protocol to meet the needs of children and unborn children whose parents have disabilities



Southwark Safeguarding Children Board

January 2016

2nd Edition

Foreword

This protocol is important for the safeguarding of children and families in Southwark. It should be read and implemented when necessary by staff that deliver services to children and young people whose parents or carers have a disability. This is defined as 'a physical or mental impairment, which has a substantial and long-term adverse affect on a person's ability to perform normal day-to-day activities'. This includes physical and/or learning disability, sensory impairment, and neurological conditions which may affect a person's physical, cognitive, psychosocial, and communication abilities e.g. multiple sclerosis, stroke, brain injury. The protocol applies equally to pregnant women and their partners where there are concerns about their disability and the impact that this may have on the unborn child. The protocol also applies to adults with disabilities who have contact with a child or children, even if not a parent or carer; for example, siblings, lodgers, family visitor, babysitter or childminder.

This document was drafted jointly by Southwark Council, Southwark Clinical Commissioning Group, South London and Maudsley NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust on behalf of Southwark Safeguarding Children Board (SSCB).

Research and local experience have shown that disabilities in parents/carers or pregnant women can potentially have a significant impact on parenting and increase risk, especially for babies and younger children. This does not mean that parents with disabilities are not good enough parents. However, the impact of disability can, on some occasions, lead to children and families needing additional support; or in a small number of cases support and multi-disciplinary intervention to prevent significant harm.

The SSCB is committed to ensuring early help and intervention is provided to enable and support parents including those with disabilities to care safely for their children. To achieve this, the protocol promotes good multi agency working including appropriate information sharing, joint assessment of need through the use of the Common Assessment Framework (CAF) and making effective use of Team Around the Child/Family for those parents with a disability who are in need of additional help in caring for children and young people. This work should be underpinned by working in partnership with parents and children and applying the 'Think Family' model. By implementing this approach it will support the personalisation choice and control in how we need to assess the family needs in relation to increasing and/or maintaining independence in the parenting role. By applying the Think Family approach it will enable the best evidence to ensure that both the needs of the child and parent are identified.

In the minority of situations where parents or carers are unable to care safely for their children, the protocol will ensure that there is effective joint working between children/young people and adult services so that the risk to children can be assessed and service response implemented.

The SSCB expects all agencies working with children or adults who are parents or carers in Southwark to implement this protocol and ensure that all relevant staff are aware of it and know how to use it.



David Quirke-Thornton
Strategic Director of Children's and Adults



Gwen Kennedy
Director of Quality & Safety



Michael O'Connor
SSCB Independent Chair

INTRODUCTION

Being a parent with a disability may be particularly challenging. Many parents are painfully aware that their disability affects their children even if they do not fully understand the complexities.

All children, even very young children, are sensitive to the environment around them. Thus, their parent's disability has an impact on them. In this context, all children are vulnerable when a significant adult in their lives has a disability. For example, in some cases, children and young people themselves can be identified as being young carers who are entitled to an assessment under the Children Act 1989/2004 and Carers (Recognition & Services) Act 1995, Children and Families Act 2014 and Care Act 2014.

Children in some families are vulnerable both on account of their parent's disabilities and because of secondary factors that can accompany this. Examples are; low income, poor housing and a lack of neighbourhood resources, stressed family relationships and societal prejudice. Parents with disabilities need to be encouraged to be enabled to share their concerns without fear of prejudice.

Likewise, their children have a right to have their needs assessed, receive appropriate services and be heard in their own right so that risk factors can be minimised and protective factors promoted. In this way, children will be enabled to achieve their potential and move confidently into adult life.

All the agencies in Southwark are committed to early intervention to ensure that all children and young people including those whose parents have disabilities, are protected and enabled to achieve their optimum potential.

As many of the children of parents with disabilities are likely to require additional support from agencies across the spectrum of universal, targeted and specialist services, this protocol focuses on the identification of these needs at an early stage.

This protocol sets out:

- Key questions that all practitioners working with adults who have disabilities must ask in their work where their patients or service users are parents, or are in contact with children
- Clear guidance about the pathways to obtaining additional support for children who need early help or safeguarding
- Guidance for children's work force about how to access additional support for adults with disabilities.

1. Aims of the protocol

To ensure that professionals working in Southwark are clearly aware of their duty to work together to safeguard and promote the welfare of children.

To improve the identification of children who may be affected by disability-related problems and ensure good quality and early support and intervention for them and their families.

To improve communication and joint working between services responsible for supporting children, and the services responsible for supporting adults with disabilities.

2. Principles

In line with the Children Act 1989/2004 ,Working Together 2015 and the current London Child Protection Procedures, **all professionals** who come into contact with children, their parents and families in their every day work **have a statutory duty to safeguard and promote the welfare of the child** (see section 1 Children Act 2004). This applies even if the professional is not a social worker in Children's Social Care or a designated or named safeguarding professional.

- The welfare of the child is of paramount importance
- Parents, carers and pregnant women with disabilities have the right to be supported in fulfilling their parental roles and responsibilities
- While many parents, carers and pregnant women with disabilities safeguard their children's well-being, children's life chances may be limited or threatened as a result of those factors, and professionals need to consider this possibility for all clients with children
- A multi-agency approach to assessment and service provision is in the best interests of children and their parent and/or carers
- Risk is reduced when information is shared effectively across agencies
- Risk to children is reduced through effective multi-agency and multi-disciplinary working
- Services and interventions will be provided in a timely manner and will be based on the assessed needs of the whole family
- The focus should remain on the safety and welfare of the child at all times
- Children's needs are best met when professionals and parents work in collaboration
- We value and appreciate diversity. However, cultural factors neither explain nor condone acts of commission or omission, which cause a child to be placed at risk or, be harmed. Anxiety about possible accusations of racist practice should never prevent necessary action being taken to protect a child or vulnerable adult.

3. Identifying the needs of children, where their parents or carers, or pregnant women has a disability

Any professional working in Southwark who comes into contact with an adult or pregnant woman with a disability must consider:

- How his/her disability may impact on the safety or welfare of the unborn child and any children in his/her care, or who have significant contact with him/her
- Whether he/she has access to the relevant support services
- Whether the child/young person is a young carer.

The birth of any new child changes relationships and often brings new pressures to any parents or family. Agencies need to be sensitive and responsive to the changing needs of parents or carers with disabilities.

Parents, carers or pregnant women with disabilities may have difficulties which impact on their ability to meet the needs of their children or new baby. This protocol acknowledges that such children may be in need of assessment for services provided by a range of agencies, from universal and early intervention to specialist services for those with more acute or complex needs.

This set of questions and the two flowcharts are designed to guide your decision making about how you can best meet the needs of children and adults in families where the disability is impacting on the whole system.

The following questions should be asked of both men and women:

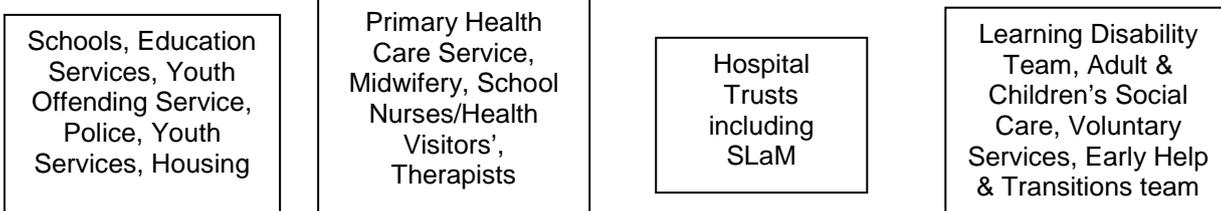
1. Does the person have (or is likely to have) dependant children or close contact with children (e.g. babysitting, after school care, present in the same house hold etc)?
2. What are the child's details - age, name, address?
3. Is there a young carer in the house?
4. Is the person pregnant or their partner pregnant? If so, has the prospective mother booked ante-natal care?
5. Is the child registered with a GP?
6. Is the child registered and attending school or early years provision?
7. Have you spoken to the child/ren where appropriate?
8. Have you considered the impact of your services user's disability on their ability to meet the needs of their children?
9. Is there sufficient support being offered to the parent/s enabling their children to meet their potential and to be safe in the parent/s care?
10. Is your client an expectant father who has a disability?
11. Do you know what other services are involved and what their role is?
12. Do you have any concerns about their children's well-being or safety?
13. Are there any alternative care arrangements in place if needed? If so, what are they?
14. Is the child/young person at risk of significant harm? If so, you should contact children's social care immediately. See who to contact (appendix 1)
15. Are there any cultural considerations to take into account for the assessment?

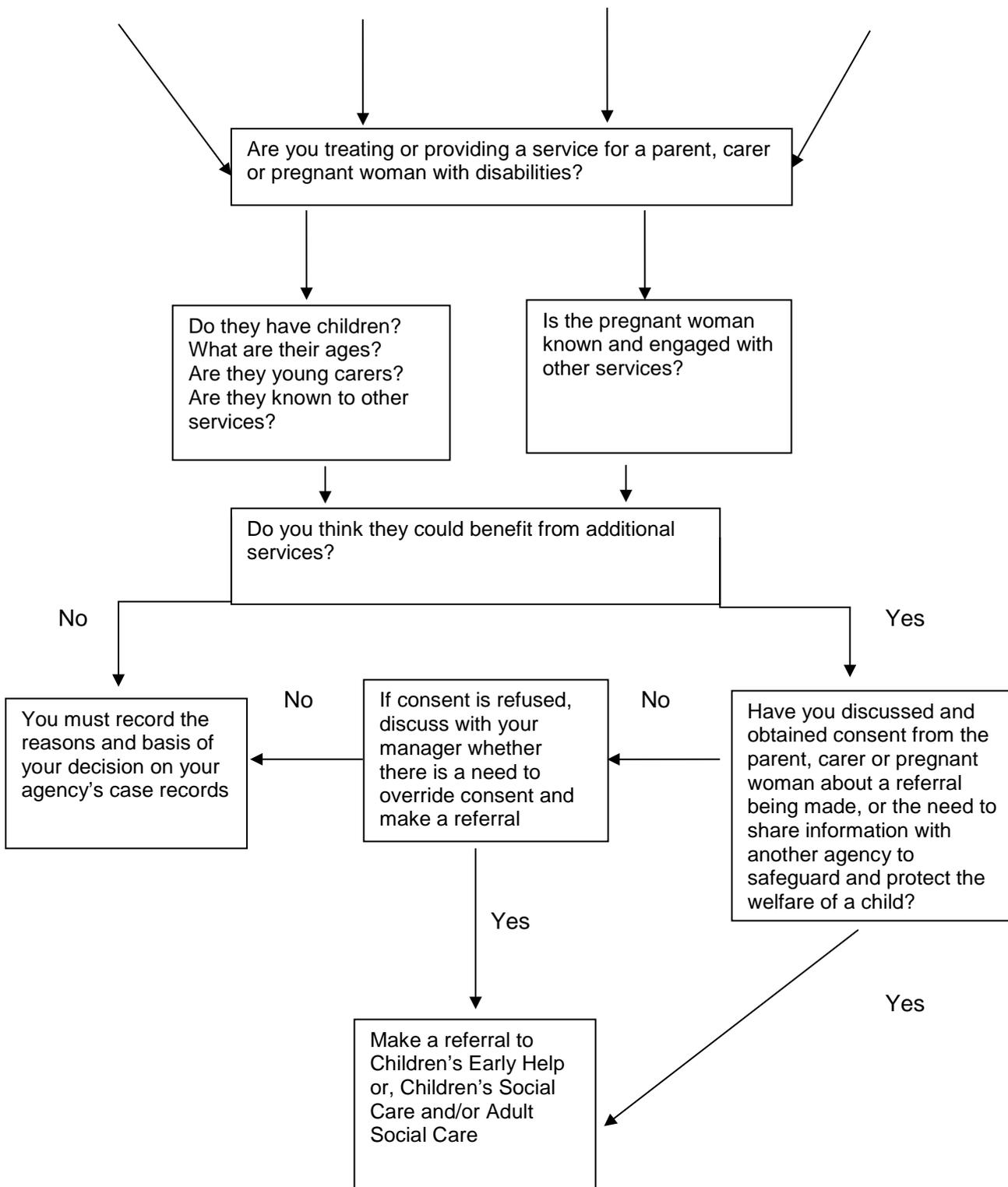
Actions

- Do you think the family or pregnant woman would benefit from any additional services?
- Can support be provided from within your service/agency?

- Have you discussed the need for any additional services, or making a referral to another service, with the parents, carers or pregnant woman?
- Have you discussed or sought advice from your manager or appropriate safeguarding lead?
- Have you sought consent from the parent/carer?
- Professionals should document the above in their appropriate client and/or child records.

Decision-Making Flowchart





Guidance for referral and assessment for pregnant women with disabilities

All agencies are responsible for identifying pregnant women with disabilities who may be in need of additional services and support.

When an agency identifies a pregnant woman with a disability an assessment must be undertaken to determine what services she requires. This must include gathering relevant information from their GP, in addition to any other agencies involvement.

Where this assessment identifies that a pregnant woman has a disability, a pre-birth assessment could be undertaken. Guidance on pre-birth initial assessments is provided in the London Child Protection Procedures.

Where the need for referral is unclear, this must be discussed with a line manager or professional adviser and/or safeguarding lead/advisor before referring to the appropriate services. If a referral is not made this must be clearly documented. Staff must ensure that all decisions and the agreed course of action are signed and dated.

If a pre-birth assessment is undertaken, it will determine the support required or whether there are sufficient concerns to warrant a pre-birth child protection conference.

A pre-birth assessment should be undertaken when:

- There are concerns about parental ability to self-care and/or to care for the child e.g. unsupported young person or a mother who has a learning disability
- There has been a previous unexplained death of a child whilst in the care of either parent
- There are concerns about domestic violence
- Where a family member or partner is a person identified as presenting a risk to children
- A sibling/child in the household is the subject of a child protection plan
- A sibling/child has previously been removed from the household either temporarily or by court order
- There is an additional concern about a parent substance misuse and the degree of parental substance misuse is likely to significantly impact on the baby's safety or development
- There is an additional concern about a parent mental health in which the degree of parental mental illness/impairment is likely to significantly impact on the baby's safety or development. This includes mental illness where a baby or unborn is the subject of abnormal or unusual ideas or attributions
- 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.

4. Guidance for referral to Adult Social Care

A referral for an initial assessment to the contact adult social care service or adult learning disability service (if the person has a diagnosed learning disability) should always be made if there is a statement or behaviour from a person with a disability that raises concerns or indicates a risk to self or others, including children. Parents under 18 years of age would be referred to children's social care via the Multi Agency Safeguarding Hub (MASH.) As far as possible these concerns should be discussed with the service user. A referral should always be discussed with your line manager.

If there is an immediate danger to the service user or others, including a child, the police must be contacted. Staff must ensure that their decision and agreed course of action is fully and accurately documented, signed and dated.

Contact with the GP and adult social care is essential to ensure that the full background is obtained regarding the existing disability and information about previous or current treatment or referrals to ensure a comprehensive assessment of need.

Triggers that may indicate referral to adult social care are listed below. However, this is not an exhaustive list and is provided to assist professional decision-making. It should be noted that the problems may not be associated with disability but could also be associated with high risk behaviour or difficulties such as substance misuse or mental health problems. A joint protocol has been issued relating more specifically to meeting the needs of children and unborn children whose parents and carers have alcohol and substance misuse problems and mental health problems.

All referrals must indicate name, date of birth, address, contact telephone number and nature of the concern highlighting any additional information relating to ethnicity language and communication.

Triggers for referral to the Contact Adult Social Care Service:

- Does the person have significant, enduring physical and/or sensory disability affecting activities of daily living, i.e. personal care, cannot bathe themselves?
- Does the person have a neurological impairment affecting their cognition, their communication, and/or behavioural functioning which affects their ability to live independently?
- Does the person have a short term disability affecting the person's ability to manage aspects of personal care and/or does not have family/friends to help out?

Definition of a learning disability

'A significantly reduced ability to understand new or complex information, to learn new skills (significantly impaired intelligence) and a reduced ability to cope independently (impaired social functioning) which started before adulthood (onset before aged 18), with a lasting effect on development.'

Triggers for referral to Community Learning Disability Team:

- Did the person have an educational statement and/or attend a special school?
- Is there a diagnosis of learning disability in any notes?
- Has anyone told the person that they have a learning disability?
- Has the person ever been known to a learning disability team?
- Does the person have any difficulties in: communicating needs, writing, self-care, living independently, interpreting social cues, learning new skills, understanding new or complex information?

Other reasons for a referral to Adult Social Care Services and Community Learning Disability Team:

- Concerns about self-neglect

- A child's or other's expression of concern regarding change in the parent's and/or carer's behaviour or attitude
- A history of violence (as a perpetrator or a victim) with unstable, discordant parental relationships
- Professional concern for service user who may have behaviours or diagnosis considered on the Autistic Spectrum Disorder continuum (but where there are no indicators of a learning disability) that potentially may have an impact on the person's ability to parent
- Environmental stressors outweighing support and protective factors- for example, poor-quality support and social isolation in association with multiple adversities such as discrimination (on grounds of gender, ethnic minority status and mental illness), material deprivation and poverty.

Each agency should clearly record their own actions and decisions within their own records. This should include the actions of other agencies and where appropriate copies of Child in Need or Child Protection plans should be obtained and stored on the individual agency record.

5. What to do if you are concerned that a child is at risk of significant harm and needs to be protected

Where there is imminent risk to the child in an emergency, the Police should be called.

Where children are considered to be at risk of significant harm they should be immediately referred to children's social care (CSC) by telephone and then followed up in writing on a Common Assessment Framework (CAF) within one working day. CSC will process these referrals through Multi Agency Safeguarding Hub (MASH) to ensure a timely response to the families needs and effective information sharing.

More information on CAF CSC/Early Help referral forms and MASH can be found on the SSCB website

www.southwark.gov.uk/info/266/child_protection/2466/southwark_safeguarding_children_board

Following referral, adult services and children's social care should, where appropriate, undertake joint visits and joint assessments to assess the level of risk to children, consulting with other agencies if involved with the family.

Professionals working with adult service users must be included in any strategy meetings convened by children's social care. Children's services should be included in any care planning meetings where the adult's needs are assessed to ensure that consideration is given to the needs of the child.

Assessment and identification of parent's, carer's or children's need for services is not a static process. The assessment should build in evaluation of progress and effectiveness of any intervention. Agencies should always take into account the changing needs of adults and children. Regular dates should be set to jointly review the situation and ensure that interagency work continues to be coordinated.

These services should endeavour to work in partnership with parents and children's consent for joint working. Information sharing consent should be sought in the first instance.

Children should be invited to contribute to the assessment as they often have good insight into the patterns and manifestations of their parent's mental health.

Services should always be flexible and ready to reassess or review cases speedily before planned reviews if new concerns or support needs arise.

Each agency should document their own actions and responsibilities clearly and also the roles and responsibilities of other agencies and where appropriate copies of Child in Need or Child Protection plans should be obtained and stored on the individual agency record.

If an agency remains concerned about the child/ren in the family despite their referral, then consideration should be made in the need to use the agency and/or London Safeguarding Children Policy escalation procedure.

6. Identifying children in need of protection who are at risk of significant harm

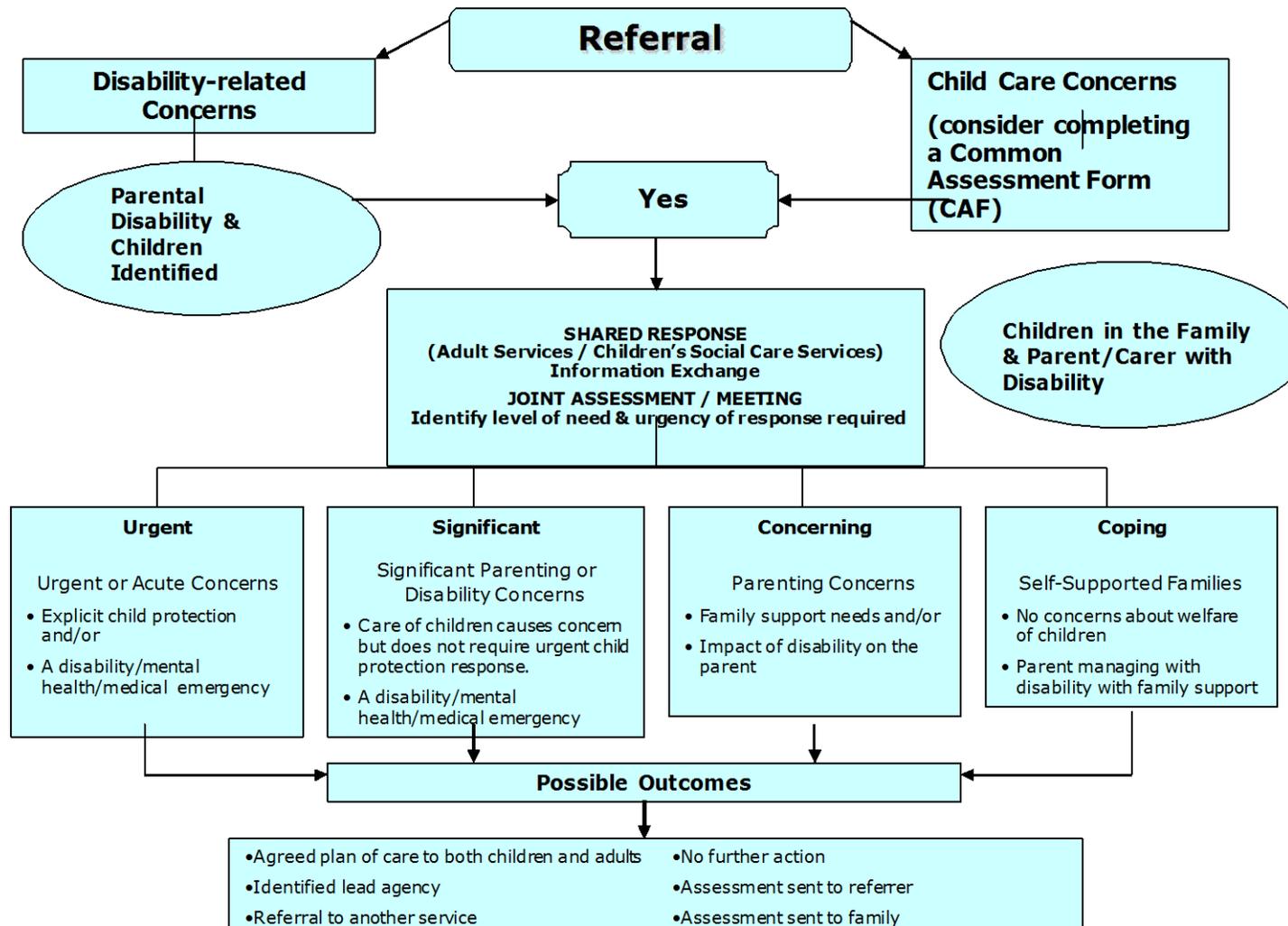
Any of the following parental risk factors justify immediate referral to children's social care for an assessment (or strategy meeting depending on the urgency and severity) to determine whether a child has suffered or is at risk of suffering significant harm.

This list is not exhaustive:

- Where the child is a target for parental/patient aggression or rejection
- Where the child may witness disturbing behaviour arising from mental illness or disability-related problems (e.g. self harm, suicide, uninhibited behaviour, violence)
- Where a child is neglected physically and/or emotionally by an unwell parent/carer
- Where a child does not live with a parent with a disability but has contact (e.g. formal unsupervised contact sessions or the parent sees the child in visits to the home or on overnight stays)
- Where a child is at risk of severe injury, profound neglect or death
- Where parents are known to misuse drugs, alcohol and/or prescribed medication
- Where parents are showing non-compliance with treatment, reluctance or difficulty in engaging with necessary services, lack of insight into illness/disability and impact on the child
- Where there are parents or carers with disabilities who are caring for a child with a chronic illness, disability, or special educational needs
- Where there are children who are caring for parents or carer with disabilities
- Where parents have disability combined with criminal offending (forensic)
- Where the pre-birth assessment of women who has a disability suggests that there are concerns about the impact of such conditions on an unborn child, or a woman's ability to meet the child's needs once born
- Where there are concerns about domestic violence or where a family member or partner is a person identified as presenting a risk to children.

- Where there are children who have been the subject of previous child protection investigations, a child protection plan, local authority care or alternative care arrangements
- Where there have been two previous consecutive referrals to Children's Social Care concerning parents, carer and their children
- Where there are urgent concerns as a result of parents or carers being assessed under the Mental Health Act and/or Mental Capacity Act
- Where there are children with social, educational or health needs e.g. non-attendance at school or nursery, lack of involvement with other statutory or primary care services
- Where shared information from different agencies highlights concerns about the well being of a child.

Referral Pathway Flowchart



Referral to Children's Services using the Common Assessment Framework (CAF)

Southwark has developed an approach to Early Intervention which is outlined in our Early Intervention Strategy and Children and Young Peoples Plan. Our focus is on identifying and meeting needs for children, young people and families earlier and more effectively. A fundamental component of early intervention is defining what help is needed which is why high quality assessment is so significant. The strategy highlights our local commitment to developing a common approach to the understanding and recording of the needs of children, young people and families; from the earliest point of identification. It is our intention that effectively targeting help at these stages will reduce reliance on specialist services and enable children, young people and families to become as independent as possible in identifying and addressing any concerns that arise in family life.

CAF is also the primary mechanism for referral to children's social care.

The CAF in Southwark is a shared assessment, planning, delivery and review framework for use across partner services. It is a tool that will help in the early identification and assessment of children and young people's additional needs and promote coordinated service provision to meet them, as well as ensuring that such provision is rigorously monitored and reviewed. It provides a framework for reaching a shared understanding with families and other practitioners about a child or young person's needs and how these can be met supporting practitioners in listening to and acting on these views.

Southwark are promoting the four-step process outlined in national CAF guidance for managers and practitioners –

- Step 1 **Identify** needs early
- Step 2 **Assess** those needs
- Step 3 **Deliver** help in an effective way (using integrated processes such as Team around the Child/Family and Lead Professional)
- Step 4 **Review** progress.

How do I complete the CAF assessment record?

It is essential that the identifying details (e.g., names, dates of birth, etc.) are accurate and complete, as this will ensure that if additional services are required they are directed at the right child, young person or family. It is also essential to record who was present at the assessment and why the assessment has been done. A good quality CAF should provide a clear link between the reason for assessment, the assessment information itself and the resulting action plan.

A critical component of the assessment is exploring whether there are factors in the parenting and family and environment dimensions impacting on the development of the child or young person. For example, indicating that the parent is deaf and not including any information regarding the impact of this on the child. This does not help other services understand the kinds of concerns that a practitioner may or may not have and may lead to unnecessary and inaccurate assessments.

Practitioners do not need to write in or complete every box in the CAF record. In the event that the prompts are not relevant, there are no particular issues or concerns or the area was not assessed this simply needs to be stated. However, the CAF record

should as a minimum clarify why the assessment is being done and should include an action plan where needs of children/ young people have been identified.

What do I do once I have completed the CAF?

The most important thing is to begin implementing the actions included in the action plan. Southwark has adapted the national CAF guide's planning and review records, which can be used for the ongoing cycle of planning and review following an initial assessment (new assessment information can just be added to the CAF).

When practitioners work with parents/carers to ensure they understand the value of the CAF, it should be possible in most cases to obtain their consent to share it if necessary. It is important that practitioners highlight its benefits. In particular, the fact that the more relevant accurate and up-to-date information that is shared with other practitioners, the more likely it is that they do not need to tell their story repeatedly and that their child's needs will be met quicker and more effectively. If adequate information cannot be shared then children may be subjected to more assessments and this takes people away from being able to deliver the help required.

The parent/carer should understand that any information that is shared will be treated with the utmost confidentiality and they as parents can, subject to some caveats, place limits on the sharing.

What do I do if I identify a safeguarding concern?

When you are concerned that a child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow the SSCB safeguarding children procedures. A CAF is now a requirement to make a referral to CSC Multi Agency Safeguarding Hub but in situations where immediate support is required it is not necessary. If you are uncertain about whether a case warrants a referral to CSC, you can call and speak to a MASH duty officer on 020 7525 1921.

The quality of the assessment underpinning the referral is key in assisting the manager in this decision-making. Either for immediate allocation or for review by the MASH team - (see appendix 1).

Working Together to Safeguard Children (2015), provides guidance on how all agencies and practitioners should work together to promote children and young people's welfare, and safeguard them by making a referral to CSC.

The quality of the assessment underpinning the referral is key in assisting the manager in this decision making. If the duty manager decides the threshold is not met, but there is a need for targeted early help, then the Early Help Services duty manager who sits alongside the CSC/MASH manager will review the referral and consider next steps. In all instances the referrer will get written feedback regarding the outcome of their referral.

How can I find out more?

If you want to find out more about what is happening with the CAF, Team around the Child/Family Team and lead professional, as well as the wider Early Intervention Strategy, please contact the Early Help Service on 020 7525 4780/3893 .

7. Conflict resolution and escalation

Research and Serious Case Reviews have shown that difference of opinion between agencies can lead to conflict resulting in less favourable outcomes for the child. If disagreement remains between agencies every effort should be made to reach satisfactory resolution under the guidance provided in the London Child Protection Procedures.

Where a professional requires advice and guidance on child protection matters they should first discuss this with their line manager and/or their designated lead professional for child protection. If further clarification and guidance is required they can seek this from the duty child protection coordinator located within children's services Quality Assurance Unit (Tel: 020 7525 3297).

If agreement cannot be reached on action required following discussion between first line managers (who have sought advice from their designated/named/lead officer/child protection advisor), then the matter must be referred without delay through the line management to the equivalent of service manager/detective inspector/head teacher and or designated professional.

In Southwark, it is agreed that where conflict and disagreement still remain (following the above process being followed) the matter must be referred to the social services quality assurance duty child protection co-ordinator for final resolution. (Tel: 020 7525 3297).

Records of discussions and any decisions must be maintained by all agencies involved.

8. Domestic abuse and violence

Staff need to be aware in working with people with disability maybe more vulnerable to the threat and/ or actual domestic abuse and violence.

When working with potential domestic violence victims, all workers should:

Ensure that the adult is asked as part of the assessment if they are victims of domestic abuse. They should consider that they:

- Complete a risk assessment where domestic violence is disclosed by the victim or perpetrator, in order to assess the current level of potential harm to the victim and children. The SSCB advises the use of the Barnardos Risk Identification Matrix in determine risk thresholds to children
- Keep colleagues informed of any incidents, update any risk assessments documentation with your service
- Consider the safety of victims at all times; this may mean only being able to contact them at certain times of the day or on certain phone numbers and be aware of heightened risk faced by victims in leaving the abuser
- Make appropriate and timely referrals to Southwark specialist domestic abuse agencies, the police and Southwark children's social care so that victims and their children get support and protection
- In the case of high level violence which needs a multi-agency response, consider making a referral to the Multi Agency Risk Assessment Conference (MARAC) coordinator based within community safety and enforcement division. If a

MARAC referral is made and the victim has children, a children's social care referral MUST be made automatically. Workers should also be aware that the risk of violence increases during pregnancy and shortly after the victim has left the perpetrator.

9. Training

All staff are responsible for ensuring their training in safeguarding children is up to date and meets the requirements for their role and job description. All agencies are required to support their staff's access to safeguarding children training.

The SSCB commissions safeguarding children training through My Learning Source. All Southwark staff are invited to access this.

Staff are invited to access this training once agreed as part of the staff member's professional development plan

Appendix 1

Who to contact

If you are concerned about a child you must always do something

- If you think a child is in immediate danger contact the police by dialling 999. If you want to report a crime against a child, contact your local police station
- If you're not sure – seek advice through your agency safeguarding lead or your manager.

To make a referral to Children's Social Care ring the MASH duty social worker on: 020 7525 1921 or complete a CAF and send to: MASH.MailBox@southwark.gov.uk

Out of hours

In an emergency, after 5pm and at weekends or on bank holidays, you can contact the out of hours duty social worker on **020 7525 5000**.

If you are seeking advice or support for a disabled child, you should contact the children with disabilities and complex needs duty team on 020 3049 8250.

The LADO (Local Authority Designated Officer) 020 7525 0387

For more information on the LADO please go the Southwark council website page & search on "LADO".

Designated Professionals and Advisers in child protection/safeguarding:

Southwark NHS - Clinical Commissioning Group (CCG)

Designated Doctor (Paediatrician): **020 3049 8009**

Designated Nurse: **020 7525 2480**

Named Nurses: **07789 741518**

Guy's and St Thomas' Hospital NHS Foundation Trust

Named Doctor: **020 7188 4635** Named Nurse: **020 7188 2473**

Named Midwife: **020 7188 2316**

King's College Hospital NHS Foundation Trust

Named Doctor: **020 3299 3984** Named Nurse: **020 3299 1185**

Named Midwife: **020 3299 3084**

South London and Maudsley NHS Foundation Trust

Named Doctor: via the Maudsley switchboard: **020 3228 6000**

Named Nurse: Please call the switchboard and ask for the Named Nurse.

Alternatively, you can call the Safeguarding Children Advice line;

TRUST ADVICE LINE NUMBER - 07659 152 233

Education

Each school/education setting has its own designated persons for safeguarding children. For safeguarding advice from LA's Education Services, please contact the Early Help Service (EHS) Duty Manager on **020 7525 3893/2702** or LA's Schools Safeguarding Coordinator on **020 7525 2715**

Police

Metropolitan Police - Child Abuse Investigation Team (CAIT)

For general advice call: **020 7232 6355/6**

To make a referral call: **020 7230 3700**

For information on the Multi Agency Risk Assessment Conference (MARAC) contact the Community Safety and Enforcement division **020 7525 0813**

Adult's Social Care

Contact adult social care – 020 7525 3324

General

If your agency does not have its own guidance or child protection adviser contact the Multi Agency Safeguarding Hub 020 7525 1921 or the duty child protection coordinator: 0207 525 3297.

Appendix 2: Information Sharing

SSCB Information Sharing Protocol (2011)

www.southwark.gov.uk/downloads/download/2915/southwark_safeguarding_children_board

Appendix 3: Further information

For further information regarding children's legislative framework

Children's Act 2004:

www.legislation.gov.uk/ukpga/2004/31/contents

Department for Education (2015) Working Together to Safeguard Children

www.gov.uk/government/publications/working-together-to-safeguard-children--2

What to do if you're worried a Child is being abused

www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2

Department for Education 2009 'Think Family'

www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00685-2009

SSCB Information Sharing Protocol (2011)

www.southwark.gov.uk/downloads/download/2915/southwark_safeguarding_children_board

London Safeguarding Children Board Child Protection Procedures

www.londonscb.gov.uk/procedures/

For further information on parental disability go to:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/182095/DFE-00108-2011-Childrens_Needs_Parenting_Capacity.pdf

www.barnardos.org.uk/wparwld.pdf

www.disability-studies.leeds.ac.uk/files/library/newman-parent-disability-summary.pdf

Appendix 4: Parents with Learning Disabilities

For parents with learning disabilities, research has tended to focus on the characteristics which might indicate significant difficulty in caring for their children. There has been less research on those characteristics and supports which will enable them to fulfil their parenting role. One in 15 of adults with learning disabilities has children¹. It is acknowledged nationally that there has been inadequate provision to meet these special needs. Current government policy is committed to supporting parents to look after their children. However, parents with learning disabilities are much more likely to have their children removed; 50% of those adults with learning disabilities who are parents were not caring for their own child or children².

There is limited availability of programs and interventions to support parents with learning disabilities. The evidence from evaluation suggests some good practice guidelines². These include:

- paying attention to the parent's strengths as well as their difficulties
- basing interventions on actual demonstration, practice and feedback (rather than requiring knowledge)
- supporting and rewarding engagement in support programmes
- providing training in the place where the skills are going to be needed and used (and if that is not possible providing it in a place that is as much like home as possible)
- identifying and using those factors which enhance the child's ability to cope and the child's resilience;
- and encouraging supportive family relationships and supporting social inclusion.

Such interventions are likely to be needed in the long term, and may need to be intensive in nature. Parents with learning disabilities have identified where there are barriers to any support being effective, and these include negative attitudes, lack of understanding about what having a learning disability might mean and yet at the same time having very high expectations of the sort of parents they should be. This could lead to disengagement with services. Help and support is also sometimes offered too late i.e. at the point where statutory services already have concerns about the care the child is receiving³.

Good Practice when working with parents with learning disabilities guidance and best practice exists on how to support parents with learning disabilities⁴. Many of these pointers equally apply to supporting parents with other disabilities.

¹ Tarleton B., Ward L. and Howarth J. (2006) "*Finding the right support*" Norah Fry Research Centre, University of Bristol

² McGaw S. (2000) "*What works for parents with learning disabilities?*" Barnardos and Cornwall Healthcare NHS Trust

³ Tarleton B., Ward L. and Howarth J. (2006) "*Finding the right support*" Norah Fry Research Centre, University of Bristol

⁴ Finding the right support? A review of issues and positive practice in supporting parents with learning difficulties and their children. Beth Tarleton, Linda Ward and Joyce Howarth, May 2006, The Baring Foundation

Hence: Promotion of multi-professional and multi-agency working supported by joint training and strategic developments and care pathways that include clarity about the roles and responsibilities of different professionals.

- Local, multi-agency, multi-professional forums for discussion and support
- Key working to support parents with disabilities and their families.

Training for staff in generic and family support services to identify parents with disabilities, and for staff working in specialist adult disability services about child protection.

Competency-based parenting assessments that consider the skills the parents have or can develop rather than relying on a cognitive assessment of the parent/carer that may not be appropriate.

Skills training and other interventions, with access to a range of interventions, and expertise/training in delivering support to parents/carers with disabilities.

Partnership working with parents, both in relation to bringing up their own children and also in the delivery of training or planning for the development or delivery of support services.

Close working with mainstream services and the identification and creation of effective systematic links between generic services, such as maternity services, doctors, schools, mainstream parenting projects and adult disability services.

Appendix 5:

Guidance on Significant Harm and Children's Legal Context

The concept of significant harm

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 that justifies compulsory intervention in family life in the best interests of children. It gives LAs 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.

A court may make a care order (committing the child to the care of the LA) or supervision order (putting the child under the supervision of a social worker or a probation officer) in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm; and
- The harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (s31).

There are no absolute criteria on which to rely when judging what constitutes significant harm.

Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent or constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and supports.

Under s31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:

'Harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another; 'development' means physical, intellectual, emotional, social or behavioural development. 'Health' means physical or mental health; and 'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.

Under s31(10) of the Act:

Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child.

To understand and identify significant harm, it is necessary to consider:

- The nature of harm, terms of maltreatment or failure to provide adequate care
- The impact on the child's health and development
- The child's development within context of their family and wider environment
- Any special needs, such as a medical condition, communication impairment or disability, that may affect the child's development and care within the family
- The capacity of parents to adequately meet the child's needs
- The wider and environmental family context.

The child's reactions, his or her perceptions, and wishes and feelings should be ascertained and taken account of according to the child's age and understanding.

To do this depends on communicating effectively with children and young people, including those who find it difficult to do so because of their age, impairment, or their particular psychological or social situation. It is essential that any accounts of adverse experiences coming from children are as accurate and complete as possible. Accuracy is key, for without it effective decisions cannot be made and, equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults.

This Protocol was agreed and published by Southwark Safeguarding Children Board for use by all agencies working within Southwark.

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Southwark Safeguarding Children Board is the inter-agency strategic body with responsibility for child protection and safeguarding children in Southwark. It comprises Southwark Council, Southwark CCG, Guys and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, Metropolitan Police Service, London Probation Service and representatives of Voluntary Organisations.

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