Hampshire, Isle of Wight, Portsmouth and Southampton Safeguarding Partnerships and Boards

A Family Approach Guidance

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Background and Purpose of the Guidance

This guidance has been commissioned by the four Safeguarding Children Partnerships in Hampshire, Isle of Wight, Portsmouth and Southampton (collectively known as HIPS) and the four Safeguarding Adult Boards in Hampshire, Isle of Wight, Portsmouth and Southampton (4LSABs). The guidance was commissioned in response to findings from a range of reviews across all partnerships and boards which highlight the need for professionals to work effectively together to achieve better outcomes for adults, children, carers and their families across all areas.

The aspects of practice described in this guidance are a shared responsibility and must be at the heart of practice across all partner agencies of HIPS and the 4LSABs.

Scope

This guidance applies to any partner organisation working with children, adults with care and support needs and their families in and across the four local authority areas that make up Hampshire and the Isle of Wight. This extends to unborn babies and their parents, as well as adults with care and support needs living with their parents or wider family (adult child). Agencies should note that the likelihood of the risk and harm to children and an adult with care and support needs increases when they are cared for/connected with a family member with one of the following vulnerability factors:

- Domestic abuse
- Parental/familial mental ill health
- Learning disabilities
- Substance misuse
- Exploitation of adults and/or children

It should be noted that families can often experience more than one of any of the above vulnerability factors at any one time. The co-existence of any of the above factors will increase the overall risk for a child/adult/family. Where this occurs, assessments should be updated frequently to ensure there is an accurate understanding of risk factors and how they may impact on each other, including confirming and reviewing the individuals within the home or family environment.

A protective factor can be defined as: "A characteristic at the biological, psychological, family, or community (including peers and culture) level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes" (O'Connell, Boat, & Warner, 2009 p. xxvii). A non-affected partner can be a protective factor. It should be emphasised that a child should not be considered to be a protective factor for an adult on the basis that they are not able to impact on risk or outcomes.

Agencies should note that there are a range of vulnerability factors which may impact upon adults and children within families, affecting their ability to protect themselves and their children from harm.

These include, but are not limited to:

- Loneliness, social isolation, limited social contacts and living alone. No family, friends, visitors or professionals to confide in
- Barriers to reporting – feelings of powerlessness, inability to report, dependence on others, fear of consequences of speaking out
- Poor physical health, illness or disability
- Dependence on others to meet vital care needs
- Bereavement and loss
- Self-harm / previous suicide attempts / suicide
- Those experiencing homelessness, lack of suitable or alternative accommodation
- Caring responsibilities
- Cognitive and mental health needs – executive dysfunction, such as, poor memory, lack of, or, fluctuating mental capacity, medication side-effects, depression, psychosis
- Hoarding behaviours
- Adult or child substance misuse, including alcohol
- Child to adult violence and abuse
- Violence to adult child from family member
- Antisocial behaviour
- Domestic abuse, unhealthy behaviours in intimate relationships
- Unhealthy behaviours in non-intimate relationships

- Stalking and harassment
- Coercive and controlling behaviours
- Parental conflict
- Tolerance of abuse by other vulnerable adults
- Bullying
- Cyber bullying
- Barriers to access education, employment and leisure
- School exclusion
- Poverty, lack of financial independency
- Crime
- So-called “honour based” abuse or violence
- Fear of loss of relationships
- Neglect of self-care
- Neglect of children's needs
- Physical, sexual, financial and emotional abuse of adults and children
- Modern day slavery
- Adult exploitation
- Child exploitation
- Trafficking
- Organisational or institutional abuse
- Low expectations of families and service users about the quality of care they’re entitled to

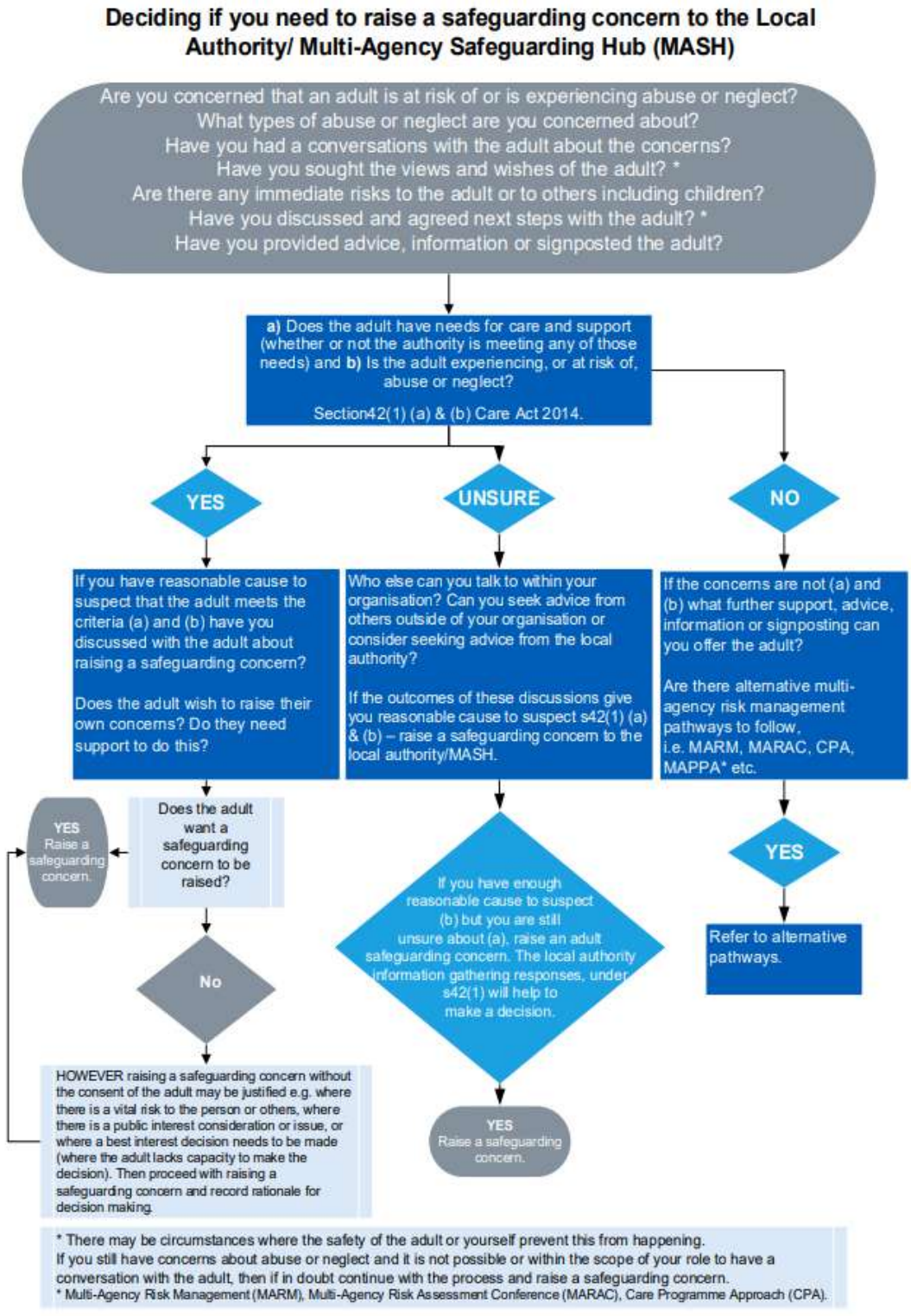
The guidance should be used by:

- Practitioners and their managers
- Voluntary and community organisations
- Commissioners
- Organisations working with adults, children and their families
- Members of HIPS and the 4LSABs

All professionals need to **AVOID FOCUSING ONLY** on the individuals to whom they have a responsibility to offer support. When children’s services staff know of adults in need of care and support in the family or linked to the children with whom they have contact, they must be liaising with colleagues in adult services about the adult’s needs and risks. Similarly, when adult services staff know of children who live with or are in regular contact with adults with care and support needs and who may benefit from an assessment of their own needs or the risks they might face, then they must liaise with children’s services colleagues about the child’s needs.

Where there is a household with multiple adults and no children, the family approach still applies. Any adult within the home with care and support needs or who may be at risk of harm or abuse will require further referrals and assessment of support needs as appropriate. It is the responsibility of the visiting professional to ensure these referrals are made and to confirm a plan to engage with the adult(s) is made.

Safeguarding adults – raising a concern



To make a referral for an adult or child, see the contacts page of the Adopting A Family Approach Toolkit.

1. Why is it important to work with a Family Approach?

A Family Approach is one that secures better outcomes for children (including unborn babies), adults with care and support needs and their families by co-ordinating the support they receive from adult and children and family services. The support provided by these services should be focused on problems affecting the family as this is the only effective way of working with families experiencing the most significant problems.

Research and data show that many families face multiple, entrenched and serious problems that will have a serious impact on the children and adults within the family. Research suggests that a multi-agency, 'family approach' can be effective in helping families, even for those who have not benefited from traditional service approaches. This can be for a variety of reasons:

- Multi-agency, flexible and coordinated services, with an underpinning 'think family' ethos, are most effective in improving outcomes. This includes staff in adult focused services being able to identify children's needs, and staff in child focused services being able to recognise needs of adults with care and support needs. Such services are viewed positively by families and professionals alike.

- Early intervention prevents problems becoming entrenched; the practical help, advice and emotional support can often be given without referral to specialist services. People also prefer an informal approach.

- In order to access services, people must feel reassured that they are not being judged or stigmatised and be helped to overcome their fears of having their children removed. This applies to both children under 18 years old and adult children/family members living with parents or other family members.

2. Family Approach Principles for Successful Partnership Working

Successful partnership working puts the adults, children and families at the centre. It recognises the importance of family, relationships and environment on their health, wellbeing and aspirations. The partners of this guidance understand that safeguarding is a shared responsibility.

Effective partnership working is enabled by:

- Timely sharing of vital information.
- Avoidance of a 'refer on' culture.
- A family approach.
- Attention to developing or strengthening a support network.
- Clarity about the respective roles and responsibilities of each agency involved.
- A solution focused approach.
- Co-ordination and management of case work and the interface with other processes.

- Regularly reviewing and communicating progress.
- Ability to provide professional challenge to resolve issues and escalation.

If the environment is perceived as unsafe to engage with the family in, then appropriate steps need to be taken to ensure professional support remains. This may need a multi-agency response in order to ensure that professionals can continue to work with the family within the home going forward.

3. What will the Safeguarding Children Partnerships (HIPS) and Safeguarding Adults Boards (4LSABs) do?

1. Provide strong leadership on a family approach and safeguarding at a senior level to ensure it has a high strategic profile.

2. Provide joint training to the adult's and children's workforce in their respective areas.

3. Produce 'short guides' on key safeguarding themes relevant to the collective workforce.

4. Ensure that publications from HIPS and the 4LSABs are 'jargon free' to enable ease of access and understanding for professionals from both the adult's and children's workforce.

5. Provide opportunities for shared learning from relevant board activity, for example, child safeguarding practice reviews, safeguarding adult reviews, domestic homicide reviews, mental health homicide reviews and audits.

6. Provide a glossary of common references and legal frameworks to assist professionals in both workforces to understand the other.

7. Seek assurance that a family approach is embedded, for example, through audits, reviews and training.

8. Ensure that there are clear pathways for referral and communication to key agencies in the children's and adult's workforce.

9. Ensure there are effective conflict resolution and escalation policies in place to ensure there is a clear process for resolving any disagreements between services over the handling of concerns and referrals.

4. What will agencies do?

10. Ensure all staff are aware of the guidance and online resources.

11. Ensure that basic induction/training for staff includes information and/or placements in other areas of the business, for example, information on adult's services for the children's workforce and vice versa.

12. Add information on the importance of working with the family into agency training material and organisational procedures.

13. Provide appropriate supervision to enable professionals to reflect on the needs of the family.

14. Promote the importance of information sharing with partners in both the children's and adult's workforce.

5. What will professionals do?

15. Make a commitment to take a 'family approach' in their work.

16. Be professionally curious when working with families. Find out who is living in a household and who cares for whom. Staff need to remain curious and inquisitive about what they are seeing and assessing in terms of indicators of potential harm.

17. Ensure that they are familiar with the referral pathways for both children and adults.

Key areas of focus

Restorative Practice

Whilst there may be a range of different working practices and approaches across adult's and children's services in Hampshire, Isle of Wight, Portsmouth and Southampton; national and local research and evidence highlights how applicable restorative practice is across a range of settings and professional disciplines, bringing a shared sense of direction, a common language and improved outcomes for children and families.

Restorative practice is about building and maintaining relationships. It is about working 'with' people at every opportunity and in doing so:

- Providing meaningful challenge and setting clear boundaries, that is, holding parents to account in a meaningful and constructive way - **high challenge**. And at the same time,
- providing the right support and encouragement to enable them to reach agreed goals - **high support**.

Creating meaningful and lasting change requires both high challenge **and** high support.

Restorative practice is a way to be, not a process to follow or a thing to do at certain times. It is a term used to describe principles, behaviours and approaches which build and maintain healthy relationships. It is a way of being with people that can enable workers, parents and children to communicate effectively by removing barriers, developing family led problem solving and decision making, and leads to shared accountability.

When we work with and alongside people, rather than make decisions about them in isolation, there is strong evidence that indicates outcomes for children and their families are improved.

Strengths-based approach

This guidance endorses the work already underway in both children's and adult's services to develop a 'strengths-based approach' to the way that professionals work with children, adults and their families.

Strengths-based practice is collaborative and focuses on individuals' and families' strengths (including personal strengths and social and community networks) and not on their deficits. It also encourages families to identify the support they require to address their needs. Strength-based practice is holistic and multidisciplinary and works with the individual and families to promote their wellbeing. It concerns itself principally with the quality of the relationship that develops between those providing and those being supported. It is outcomes led and not services led.

Person-centred working

In the children's workforce, person-centred working is known as taking a 'child-centred approach'. In relation to safeguarding adults, this is known as 'making safeguarding personal'. For the purposes of this guidance, the term 'person-centred working' encompasses both adults and children.

Responses should be person-centred and designed around the needs and wishes of the person with a focus on actively encouraging them to engage and participate in the support offered or provided. This will ensure they experience help and support that is both joined up and effective, which will in turn achieve better outcomes.

The person-centred approach reflects the core values and practice which are understood to be valued by service users. It is an approach which recognises the person as an expert in their own life and the importance of being able to participate as fully as possible in decision making. Core values include:

- "No decision about me, without me"
- Information, advice and advocacy
- Holistic approach
- Flexibility
- Person-centred support
- Professionals who listen/communicate well while displaying warmth and respect.

Mental Capacity Act 2005

The Mental Capacity Act states that responses must reflect the five key principles of the Mental Capacity Act (MCA) 2005 in which a person aged 16 years and over is assumed to have capacity and, therefore, be able to make their own decisions (even unwise ones). Practitioners will need to have regard for the five statutory principles of the MCA 2005:

1. Every adult and child aged 16 years and over has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
2. All practicable steps must have been taken to help them understand the information relevant to the decision.
3. A person who makes a decision that others think is unwise should not automatically be considered as lacking the capacity to make the decision.
4. A decision made on behalf of the person who lacks capacity must be done so in their best interests.
5. When making the decision on behalf of the person, regard must be given for achieving this in a way that is least restrictive for the person.

A person's mental capacity should be considered regularly. Where a person is found to lack capacity in any area of decision-making, a best interest decision will be made, and this must consider the child's/adult's views and wishes in accordance with the MCA Code of Practice*.

It is vital that the child/adult has as much control and choice as possible, and that process is guided by their needs and circumstances. Personalised information, advice, support and good advocacy are essential components to this.

Having access to information and advice will assist the child/adult to make informed choices about support and will help them to weigh up the benefits and consequences of different options. Information and advice can enable the person to keep themselves safe in the first place by helping them understand their situation and what is needed to keep themselves safe now and in the future.

For further information on the MCA see the Short Guides section on the Adopting a Family Approach Toolkit.

**Proposed changes to the MCA 2005 Code of Practice and implementation of the Liberty Protection Safeguards (LPS) are currently being reviewed. On publication, this guidance will be updated to reflect any changes.*

Professional curiosity

Professionals will often come into contact with a child or adult with care and support needs. These contacts present vital opportunities for professionals to identify concerns and intervene early to prevent further harm occurring. Responding to these opportunities requires the ability to identify the signs of vulnerabilities and potential or actual risks of harm, maintaining an open stance of

professional curiosity (or enquiring deeper) and understanding one's own responsibility and knowing how to raise concerns.

People rarely directly disclose abuse and neglect to practitioners and, if they do, it will often occur indirectly through unusual behaviour or comments. This makes recognition and response to abuse and neglect a priority for professionals. However, it is understood that it is better to offer help as early as possible, before issues get worse and escalate to crisis point. This means that all agencies and practitioners need to work together – the first step is to be professionally curious and to be willing to engage with children, their families and adults with care and support needs, around promoting their safety and wellbeing.

Professional curiosity is a mind set and is about the capacity and communication skill to explore and understand what is happening within an environment rather than making assumptions or accepting things at face value. In practice, this requires practitioners to consider:

- Am I remaining CURIOUS and INQUISITIVE about what I am seeing and assessing?
- Are there indicators of potential harm towards the child, or adult with care and support needs?
- Are there indicators that a tipping point may have been reached where not to intervene, poses significant risk to wellbeing and safety?

For further guidance, refer to the HIPS Procedures and thresholds charts and the 4LSAB's Safeguarding Concerns Guidance.

Not attending/not being brought to medical and health appointments

All children and adults are entitled to receive services to promote their health, wellbeing and development. Where health or medical services for children/adults with care and support needs are refused, or where they are repeatedly not being brought for health appointments by their parents or carers, professionals should consider reasons behind the disengagement. This includes refusing home visits when a professional has deemed this to be appropriate. It is important to be aware of the impact of missed appointments on a child's/adult's health and wellbeing, this includes monitoring of medication they may be taking.

Disengagement by a family/parent/child/adult with care and support needs may be partial, intermittent or persistent. It is important to be aware that this may be a signal of increased stress within a family and/or potential abuse or neglect of children/adults with care and support needs, and so it is important to identify early signs of disengagement so that any potential risk can be assessed.

Examples of disengagement include parental refusal for the child(ren)/adults to be assessed, repeated non-attendance for medical appointments, or failure to attend or be available for pre-

arranged appointments. It includes those who discharge child(ren)/adults with care and support needs against medical advice and those who fail to wait for medical care.
It is also important to be aware that over engagement of services can be a cause for concern about a child's welfare, especially if there are medically unexplained symptoms or possible fabrication. It is also important to bear in mind that some parents/carers may be disengaging with healthcare for themselves for their own agenda; this may be a precursor to something more serious happening within the family.

Professionals need to consider why families are not engaging and consider the risk in these situations. Other factors, such as mental capacity, refusing access or disguised compliance, should also be taken into account.

For further guidance see the HIPS Procedures on Children who are neglected – missed appointments/was not brought (children and family engagement) and the Short Guides section of the Adopting a Family Approach Toolkit.

Moving into adulthood: Transition between services and transitional safeguarding

Partners in HIPS and the 4LSABs must work together to support children as they move into adulthood. This is equally important both for young people with identified care and support needs who are open to health or social care services and who require a well planned transition into adult services with the full involvement of the young person and their parents/carers; and those who may not qualify for a safeguarding response under section 42 of the Care Act 2014 as they do not appear to have identified care and support needs but who are experiencing risks associated with criminal and sexual exploitation, mental health, substance misuse, homelessness, or lack of engagement. The approach to these young people whose needs have not been traditionally addressed by adult safeguarding services is known as 'transitional safeguarding'.

Transitional safeguarding is an approach to safeguarding adolescents and young adults fluidly across developmental stages which builds on the best available evidence, learns from both children's and adult's safeguarding practice and which prepares young people for their adult lives (Holmes & Smale, 2018). It focuses on safeguarding young people from adolescence into adulthood, recognising transition is a journey not an event that continues beyond the age of 18, and every young person will experience this journey differently.

The 4LSAB Multi-agency framework for managing risk and safeguarding people moving into adulthood aims to strengthen the safeguarding support available to young adults aged 18 years with pre-existing vulnerability and risk factors as they move into adulthood. It is recognised that safeguarding arrangements for young adults need to take account of their distinct safeguarding needs. This framework incorporates the approach in the 4LSAB Multi-Agency Risk Management (MARM) Framework which sets out a process to enable professionals to support adults where there is a high level of risk, in circumstances which sit outside the statutory adult safeguarding framework but for which a multi-agency approach is needed to manage these risks in the most effective way.

Review of the guidance

HIPS and the 4LSABs will review the Family Approach Guidance as a part of the reviews of their strategic plans.

This guidance should be used in conjunction with the 4LSAB Safeguarding Adults Escalation Protocol and the 4LSAB Multi Agency Risk Management Framework.

References

Holmes, D. and Smale, E. (2018). *Mind the Gap: Transitional Safeguarding – Adolescence to Adulthood.* Dartington: Research in Practice.

O'Connell, M. E., Boat, T., & Warner, K. E. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, DC: The National Academies Press.