



## **See the Adult, See the Child**

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

February 2015

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## Glossary

CMHT Community Mental Health Team

SAMCAT Department of Adult Social Services

LSCB Local Safeguarding Children Board

TAC Team around the Child

CQC Care Quality Commission (The regulator for all health and social care services in England)

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## 1. Introduction

- 1.1 The aim of this document is to ensure partnership working between Adult and Children's services where a parent has additional needs and within this to ensure that children and young people receive good quality parenting. The 1989 Children Act is clear that children are best brought up within their families if this ensures their continued safety and protection. In some circumstances this will necessitate joint assessment and planning to ensure that the needs of both parent and child are met. The main body of the report outlines the jointly agreed approach taken by adult and children's services and includes definitions, relevant legislation and principles. The responsibilities of different professional are then outlined in the flowcharts for adults and children in the appendixes 1 and 2.
- 1.2 The needs of parents/carers should not be seen in isolation from those of children and young people. All professionals working with adults should ask whether the vulnerable adults either have children or have caring responsibilities for children. Any additional need(s) of a parent(s) will invariably have an impact on the parenting of their child to a greater or lesser degree. The additional need could be a mental health issue, substance misuse problem, a physical or learning disability, or that the parent is in prison or is/has been involved in criminal activity or is/has been the victim of domestic abuse.
- 1.3 Research strongly indicates that where children are being cared for by adults at risk, particularly those with domestic abuse, substance misuse or mental ill health problems, they are more likely to be at risk of being harmed within their families. The same research noted that inquiries into child deaths have shown that close joint working between professionals involved with the whole family can impact positively on child protection planning and is vital for a full understanding and assessment of risk.<sup>1</sup>
- 1.4 All agencies have a duty to safeguard adults and children at risk of abuse, to recognise the signs of abuse and to take action where abuse is reported.
- 1.5 This protocol therefore, is to ensure effective and timely referrals between all adult and children's services, including the transition between children's and

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<sup>1</sup> *Biennial Analysis of the Impact of Serious Case Reviews, Biennial Analysis of the Impact of Serious Case Reviews, Brandon, Marian, Sidebotham Peter, Bailey Sue, Belderson Pippa, Hawley Carol, Ellis Catherine & Megson Matthew., 2011.*

adults' services and to promote good practice in multi-agency working. This protocol respects an adult at risk's right to live free from abuse with dignity, autonomy, privacy and equity.

- 1.6 The respective Safeguarding Boards do not intend the protocol to provide a comprehensive list/guide to all adult/child concerns, and that professional judgement plays a significant part in assessing concerns for a child or vulnerable adult, but this protocol highlights some of the major areas of impact. The joint parental mental health steering group will oversee the implementation of this protocol including ensuring relevant training is provided, and will report regularly to the LSCB.

## **2. The purpose of this protocol is**

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

### **3. Definitions of Safeguarding**

#### **Safeguarding Children**

- 3.1 A child is defined in the Children Acts 1989 and 2004 as anyone who has not yet reached their 18th birthday. Safeguarding and promoting the welfare of children is defined, in *Working Together to Safeguard Children* (2013), as:
- protecting children from maltreatment
  - preventing impairment of children's health or development
  - ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
  - Taking action to enable all children to have the best outcomes.
- 3.2 The Children Act 1989 s31 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. Harm can be categorised as physical, emotional or sexual abuse or neglect. Children can be at risk from significant harm where they are young carers.
- 3.3 Children in need are those, defined under s17 of the Children Act 1989, who are unlikely to reach or maintain a satisfactory level of health or development or their health or development are likely to be significantly impaired without the provision of services, or who are disabled. Local authorities have a duty to safeguard and promote the welfare of children in need.

#### **Safeguarding Adults**

- 3.4 All professionals working with children should ask whether the parent or carer is a vulnerable adult and known to Adult Safeguarding services in line with the local adult safeguarding protocol, see appendix 7 for a link to the protocol.
- 3.5 An adult at risk is a person over the age of 18 and 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself,

or unable to protect him or herself against significant harm or exploitation' (No Secrets Department of Health 2000).<sup>2</sup>

- 3.6 Different types of abuse of adults at risk, as defined above, are physical abuse, sexual abuse, psychological abuse, financial or material abuse, neglect and discriminatory abuse. These are defined in No Secrets (2000).
- 3.7 All professionals working with adults should ask whether the vulnerable adults either have children or have caring responsibilities for children.

#### **4. Principles of Safeguarding**

- 4.1 All professionals who come into contact with children and their parents/carers and families and pregnant women must recognise they have a duty to safeguard and promote the welfare of children. The needs and safety of children and adults at risk of harm are paramount and any concerns should be recorded and referred in line with the Local Children Safeguarding Board (LSCB) and Safeguarding Adults and Mental Capacity Act Team, (SAMCAT) procedures.
- 4.2 The well-being of children and their families is best delivered through a multi-agency approach with different services working effectively together. Parenting capacity is best assessed with the joint input of workers from adults and children's services with support where appropriate from services with specialist expertise.
- 4.3 Assessment and subsequent work with families should be undertaken within the context of individual cultural understanding and equitable access to services. Diversity will be valued but will not be used to provide an explanation or used to condone acts of abuse or neglect or to prevent appropriate action being taken.
- 4.4 Efforts should be made to work in partnership with families, children and significant others during referral, assessment and follow-up unless this would compromise the safety of adults/ their children/adults in need of safeguarding.

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<sup>2</sup> *Clinical Governance and Adult Safeguarding An Integrated Process National 'No secrets' NHS Advisory Group February 2010*

- 4.5 Children and adults at risk of harm will be listened to and their wishes and feelings explored. Their views will be clearly recorded and the needs of the adults should not marginalise the needs of the children.
- 4.6 Additional support needs should be addressed by enabling parents/carers to access universal and community services and by the timely provision of specialist assessment services wherever possible. This may include work with the extended network via Family Group Conference
- 4.7 Parents, carers and children will be communicated within a timely, appropriate and accessible manner that assists them to understand what is happening. Where required, access to independent advocates with the appropriate skills should be provided e.g. for an adult at risk with a learning disability.
- 4.8 See the 'Contacts' section for Kingston and Richmond Advocacy group contact details.

## **5. Successful Inter-Agency Working requires:**

- 5.1 Clear information sharing at the earliest opportunity with joint working between the various inter-agency teams focussing on relationships within the family and joint oversight of the on-going work. Consent should be sought unless there are immediate safeguarding concerns:  
[www.everychildmatters.gov.uk/deliveringservices/informationsharing](http://www.everychildmatters.gov.uk/deliveringservices/informationsharing)
- 5.2 Clarity about lines of responsibility between teams with flexibility about professional boundaries so that children do not fall between services and are not left at risk. There should be vigilance about the way information is shared i.e. clarifying concerns expressed by telephone and requesting written confirmation.
- 5.3 That all agencies that mainly serve adult service users must consider, when deciding if an individual meets their threshold for a service, the possible impact on the individual of any caring responsibilities for children or of a child who is the carer of an adult receiving services.
- 5.4 That all agencies that mainly serve children and young people must consider, when deciding if the child or young person meets their threshold for a service, the possible impact on the child or young person of having a

parent/carer with additional needs or who is vulnerable. Relevant information about ex-partners should also be considered.

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

## **6. Early Intervention and Prevention**

- 6.1 Where a professional has concerns about the welfare of a child/ adult then initial discussion should take place with the family around the nature of the concern if it is safe to do so. The discussion should include detail of any proposed planned intervention. Where the professional opinion is that any intervention requires more than one agency then a referral to that agency should be made as appropriate
- 6.2 If the family or child does not meet the threshold for a specialist service the professionals should take action to support the family in an integrated way with other services involved with the family. The tool used to identify and coordinate the delivery of multi-agency services is the Common Assessment Framework (CAF). See Appendix 1 for CAF implementation and Appendix 7 for a link to information about Achieving for Children early help services.
- 6.3 The worker identifying the concerns arranges to meet with the family to initiate the CAF and consider what services are required to support the child or the parents in their care. It is recommended that workers utilise the electronic CAF system – for Kingston: [http://www.kingston.gov.uk/info/200268/coordinating\\_childrens\\_services/812/integrated\\_working\\_common\\_assessment\\_frameworks\\_and\\_locality\\_teams/6](http://www.kingston.gov.uk/info/200268/coordinating_childrens_services/812/integrated_working_common_assessment_frameworks_and_locality_teams/6) and for Richmond: <http://www.richmond.gov.uk/caf> . Training to access and use the system is free and can be booked from the Workforce Development web pages. Alternatively the worker can use a paper CAF; in this case, the paper CAF needs to be shared with Single Point of Access (SPA) to record CAF, and with the identified TAC practitioners – with the appropriate consent.
- 6.4 If it is considered that the concerns are too serious to be managed directly the worker will need to contact the SPA (see contact section) to discuss any concerns or whether there is another service involved with the family and complete a written referral



- 6.5 Where SPA allocates the referral to an Early Intervention service, they will then arrange a Team around the Child (TAC) meeting to bring the family and services together to develop an integrated plan of action.

The processes and practices described above are explained in detail in CAF and integrated working information is available from the Kingston and Richmond Council website, see appendix 7 for the link.

- 6.6 If you are concerned about the risk of serious harm to the child then you would need to contact the SPA children's services and follow-up your concerns in writing.

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

## **7. Management of child protection concerns**

- 7.1 All staff assessing or working with adult at risk have a duty to consider the needs of any children (including unborn children) living in the same household and/or in their care. In particular, consideration should be given to the impact of the adult's vulnerability on their capacity to care for and safeguard their children, or those living in the household.
- 7.2 Domestic abuse can, in extremes, result in very serious injury and even death.<sup>3</sup> The Children Act 2004 has defined the witnessing of Domestic Violence as Significant Harm all staff should seek advice from their designated professional or from the SPA if they suspect a parent is victim of domestic abuse.

## **8. Management of additional parental needs**

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

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<sup>3</sup> *Jaffe, P., Wolfe, D.A. and Wilson, S. (1990) Children of Battered Women. London: Sage.*

a strategy developed to deal with the concern, with the least stress to family members.

- 8.2 All staff assessing and working with children also have a duty to consider the needs of the adult(s) who is caring for them, or living in the same household, particularly if it is considered that the adult is vulnerable. In particular staff should undertake an assessment of the vulnerable adult's capacity to meet the needs of their children (including unborn children) and to safeguard them from harm.
- 8.3 If an adult is in need of services, then the main referral points are related to the specific needs of the adult. Details of adult mental health services are provided in the contacts section. Referrals to the Kingston Wellbeing service can be made using the referral form in appendix 4. For Richmond Wellbeing a referral may be sent to the contact details provider in the appendices. Those for Community Mental Health teams need to be made via the individual's GP. Adult with other needs should be referred to the Council's adult social services team (see the contacts section).
- 8.4 Recent research showed that the support and intervention that children received through child protection or 'children in need' plans led to better outcomes in the majority of cases, both in cases involving drug and alcohol problems and mental health difficulties. (OFSTED and Care Quality Commission (CQC) 2013).<sup>4</sup>
- 8.5 The Community Mental Health Teams provide secondary care mental health services for adults between the age of 18 and 65, who have severe mental health problems, and present with complex needs. They are multidisciplinary teams under the clinical leadership of a consultant psychiatrist. The older people's CMHT provides services for older people with mental health problems.

## **9. Adults at risk of abuse**

- 9.1 If a member of staff working with children has concern that an adult may be at risk of or suffering abuse or exploitation, then they should refer to: in Kingston the SAMCAT (Safeguarding Adults and Mental Capacity Team) and in Richmond Adult Services Access Team

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<sup>4</sup> *Report Summary What about the Children? (Ofsted and CQC, 2013)*

## **10. Adults who may have mental health needs, Community care needs or who may be at risk of abuse**

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

## **11. Confidentiality and Consent**

- 11.1 An effective, safe, and supportive service for children and families cannot be provided without clear lines of communication between agencies and the exchange of appropriate information. Considerable progress has been made in developing a shared understanding between adult and children's services of the need to share information on a 'need to know' basis where there are concerns about the safety and/or welfare of children or adults at risk.
- 11.2 Consent to share or gather information must usually be sought unless a child's safety is further compromised or placed at risk. If in doubt professionals should contact their safeguarding lead in their agency. All recent guidance has made it clear that although patients/service users should expect any information about them to be confidential; this expectation cannot be fully met when the safety or welfare of children is of concern, and consideration should also be afforded to the safety of adults at risk in disclosing information. Disclosure to adults services should be made were abuse of an adult at risk is suspected, even if consent is not forthcoming. If the caller feels unable to refer without consent, they should still do so where there is mental incapacity, public or vital interest, or to prevent a crime.

## 12. Transition from Children's to Adult Services

- 12.1 Young people with long term needs may need to move from children's services to adult services. This is known as transition. There are two key issues in transition. Firstly, it is about legally becoming an adult and achieving independence, to an appropriate degree. Secondly, it is about changes in the actual services used.
- 12.2 During adolescence, young people may experience change in a number of areas: from paediatric to adult health services, school to further / higher education or work and childhood dependence to adult autonomy.

For young people receiving services as children, both the planning process and the actual move to adult services can be complicated and stressful. The age at which transition may take place can vary between services, for example some changes in health provision may take place at 16 but young people with special needs / disabilities may remain at school until they are 19. Other issues include social isolation, difficulty finding work and problems with their parent / carer relationships, such as over-protectiveness or low parental expectations. Services should be mindful that children and young people have wide and varied health, social, educational, emotional and developmental needs that will differ from their chronological age.

This is important in the assessment and planning process to ensure that the individual needs of young people are recognised when planning for transition.

- 12.3 Transition from children's to adult services can cause considerable stress for families and carers. In order to reduce the stress it is vital that transition planning is started early, at about 14 years, and is central to any work that is undertaken with the young person and their family. It should centre on the views, wishes and aspirations for the future of the young person and their parents / carers. It is also essential that the services and support provided at the time of transition are seamless, but also enable the young person to achieve greater independence. Effective planning, that starts well before the transition period, will help to keep young people engaged and accessing services that will enhance independence and meet support needs. This should be a person centred approach and include adult services at an appropriate point to ensure that robust plans

can be in place by the time a young person is 18 or leaving school / college for instance at age 16. For a young person with a disability who is looked after / has complex needs and high level of support and at age 17 for other young people requiring on-going support at 18.

- 12.4 Good practice for transition planning should be based on the principles of self-directed support, and should include service provision which is multi-disciplinary, holistic, planned and provides an element of continuity.

Young adults who are in transition who are not subject to on-going child safeguarding processes should be referred to adult services if there are safeguarding concerns. There may be times when a young person, who is subject to a care order, requires guardianship when they reach adulthood. In such circumstances the Local Authority is responsible for identifying this need and ensuring it happens. If guardianship is deemed necessary, it should be addressed as early as possible and reviewed regularly as part of the young person's pathway planning process.

### **13. Drug and Alcohol Services**

- 13.1 A specific Safeguarding Children affected by Parents, Carers or Other Adults Substance Misuse protocol is to be developed between Kingston Wellbeing Service and Children's Services. This is because the issues that professionals need to consider when working with children and young people whose parents, carers or other significant people in their lives misuse substances, are complex and wide ranging.
- 13.2 Substance use by a parent, carer or other significant adult should not be a reason for considering a child to be at risk of significant harm or to initiate child protection procedures. However, parental or carer substance misuse is a factor to be carefully considered when assessing the parenting skills and elements of risk to a particular child.

Parental/carers substance misuse can be associated with neglect, isolation, physical or emotional abuse, poverty, separation and exposure to criminal behaviour. Longer-term risks include emotional, cognitive, behavioural and other psychological problems, early substance misuse and offending

behaviour and poor educational attainment. It can also cause young people to become carers of addicted parents.

Substance misuse can have serious implications for the safety and wellbeing of children, particularly when combined with other facts such as parental/carer mental ill health and domestic abuse. There is a need for careful analysis of an individuals substance misuse with the emphasis on how that misuse impacts on their pregnancy and/or the care of their children.

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

## **14. Working with pregnant women and unborn children**

- 14.1 All agencies are responsible for identifying pregnant women at risk who may be in need of additional services and support. Pregnant women with a previous history of mental health problems are particularly vulnerable during the later stages of pregnancy and following the birth of their baby.<sup>5</sup> Substance misuse in pregnancy will impact on the welfare of the unborn child and needs to be addressed at an early stage.

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<sup>5</sup> *Biennial Analysis of the Impact of Serious Case Reviews, Biennial Analysis of the Impact of Serious Case Reviews, Brandon, Marian, Sidebotham Peter, Bailey Sue, Belderson Pippa, Hawley Carol, Ellis Catherine & Megson Matthew., 2011.*

14.2 The possible impact of domestic violence on the unborn child is the risk of injury to the foetus because research highlights that violence towards women may increase both in severity and frequency during pregnancy, and often involves punches or kicks directed at the women's abdomen.<sup>6</sup> Such assaults can result in a greater rate of miscarriage, still or premature birth, foetal brain injury and fractures<sup>7,8</sup>.

Any domestic violence, incidents during pregnancy including mental abuse, should be viewed as posing a high risk to the mother and the unborn child.

14.3 When an agency identifies a pregnant woman at risk an assessment must be undertaken to determine what services she requires. The midwife should initially assess and refer to appropriate services. This must include gathering relevant information from their GP and relevant Adult Services, in addition to any other agencies involvement, to ensure that the full background is known. This is especially important where awareness of earlier births may need to be clarified, for example, in the case of older or overseas children. Where this assessment identifies that a pregnant woman has additional needs a pre-birth assessment must be undertaken by children's social care and it is important that they liaise with either the Bridge Team who are the safeguarding midwives at Kingston Hospital Foundation Trust and the named safeguarding lead at West Middlesex Hospital. Guidance on pre-birth assessments is provided in the London Child Protection Procedures and the LSCB pre-birth protocol, see the appendix 3 for more information.

14.4 Where the need for referral is unclear, this must be discussed with a line manager or professional adviser before referring to the appropriate services. If a referral is not made this must be clearly documented on the parental file. Staff must ensure that all decisions and the agreed course of action are signed and dated. The outcome of the pre-birth assessment will determine whether there are sufficient concerns to warrant further

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<sup>6</sup> Jaffe, P., Wolfe, D.A. and Wilson, S. (1990) *Children of Battered Women*. London: Sage.

<sup>7</sup> Cleaver, H., Unell, I. and Aldgate, A. (2010) *Children's Needs – Parenting Capacity: The impact of parental mental illness, learning disability, problem alcohol and drug use, and domestic violence on children's safety and development*. 2nd Edition. London: The Stationery Office.

<sup>8</sup> Mezey, G. and Bewley, S. (1997) 'Domestic violence and pregnancy.' *British Journal of Obstetrics and Gynaecology* 104, 528–531.

intervention either as part of Prevention and early help or as part of a child protection plan.

- 14.5 A pre-birth initial assessment should be undertaken on all pre-birth referrals and a professional's strategy meeting held where:
- There has been a previous unexplained death of a child whilst in the care of either parent.
  - There are concerns about domestic violence or where a family member or partner is a person identified as presenting a risk to children.
  - A sibling in the household has a child protection plan.
  - A sibling has previously been removed from the household either temporarily or by court order.
  - The degree of parental substance misuse is likely to significantly impact on the baby's safety or development.
  - The degree of parental mental illness/impairment is likely to significantly impact on the baby's safety or development.
  - There are concerns about parental ability to self-care and/or to care for the child e.g. unsupported young or learning disabled mother.
  - Any other concern exists that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child.

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

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

## **15. Young Carers**

- 15.1 Anyone who gives, or is going to give support, care and help on a regular basis has a right to have a Carer's Assessment; this includes Young Carers whose life might be restricted because of the need to care for someone.
- 15.2 The Local Authority is responsible for Carer's Assessments. If an adult or child requests a carer's assessment, social work services must assess for this.



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

## **16. Purchasing Responsibilities**

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

## Contact Details

KINGSTON CONTACT DETAILS	
Adult Mental Health Services in Kingston	
Service	Contact information
<p><b>Kingston Wellbeing Service</b> Is a Joint Substance Misuse and IAPT Service</p> <p><b>Substance Misuse Team</b> This element of the service offers support to adults experiencing alcohol and drug problems.</p> <p><b>IAPT – Psychological Therapies Team</b> The IAPT services works with clients (18 years and upwards), presenting with mild-moderate Depression and Anxiety Disorders using predominantly CBT, and on occasion we are able to offer more specialist therapies. Clients will be offered Individual or group sessions.</p>	<p><b>Making a Referral:</b> We accept referrals from GPs, health professionals and other services who may already be involved with clients. Clients can also self-refer: <b>Address:</b> Surbiton Health Centre, Ewell Road, Surbiton, KT6 6EZ <b>Tel:</b> 020 8274 3051 <b>Fax:</b> 020 8274 3052 <b>Email:</b> <a href="mailto:Kingston.wellbeingservices@nhs.net">Kingston.wellbeingservices@nhs.net</a> <b>Website:</b> <a href="http://www.kingstonwellbeingservice.org/">http://www.kingstonwellbeingservice.org/</a> <b>Opening times:</b> Monday, Tuesday, Thursday &amp; Friday – 9am to 5pm Wednesday - 9am to 7pm</p> <p><b>Making a Referral:</b> We accept GP, CMHT or other health professional referrals, or self-referral <b>Address:</b> Hollyfield House, 22 Hollyfield Road, Surbiton, KT5 9AL <b>Tel:</b> 020 8339 8040 <b>Fax:</b> 020 8339 4788 <b>Email:</b> <a href="mailto:Kingston.wellbeingservices@nhs.net">Kingston.wellbeingservices@nhs.net</a> <b>Website:</b> <a href="http://www.kingstonwellbeingservice.org/">http://www.kingstonwellbeingservice.org/</a> <b>Opening hours:</b> 8am to 8pm Monday, Wednesday, and Thursday and 8am to 5pm Tuesday and Friday <b>Service manager:</b> Rhona Trotter</p>
<p><b>Community Mental Health Team</b></p> <p>The Community Mental Health Teams provide services for adults under 65 years of age who have</p>	<p>There are two CMHTs in Kingston: one for the north and one for the south of the Borough, working to GP alignment, i.e. according to the location of the client’s GP. The community mental health teams are both based at Tolworth Hospital and can be contacted through a single point of access and a single telephone number</p>

<p>severe mental health problems e.g. schizophrenia, severe depression and psychotic disorders.</p>	<p><b>Single Telephone Number:</b> 020 3513 2500  <b>Crisis Helpline for existing service users:</b> 0208 028 8000  <b>Address:</b> Acacia Unit  Tolworth Hospital  Red Lion Road  Surbiton  KT6 7QU</p>
<p><b>Adult Social Services in Kingston</b></p>	
<p><b>Kingston Adult Social Care</b></p>	<p><b>Tel:</b> 020 8547 5005  <b>Email:</b> <a href="mailto:adults@kingston.gov.uk">adults@kingston.gov.uk</a>  <b>Address:</b> Guildhall 2  High Street  Kingston upon Thames  KT1 1EU</p>
<p><b>Adult Safeguarding in Kingston</b></p>	
<p><b>SAMCAT (Safeguarding Adults and Mental Capacity Team)</b></p>	<p>If a member of staff needs advice on safeguarding adults, they should contact Kingston Safeguarding Adults (SAMCAT):</p> <p><b>Tel:</b> 020 8547 4735</p> <p>In an emergency contact the Police on telephone number 999</p> <p>For Safeguarding concerns identified/alerted contact  <b>Tel:</b> 020 8547 4735  <b>Fax:</b> 020 8547 6142</p> <p>Complete the Form SA1 (alert form) and email/fax to SAMCAT on <a href="mailto:adult.safeguarding@rbk.kingston.gov.uk">adult.safeguarding@rbk.kingston.gov.uk</a></p> <p>The contact number for Kingston Advocacy Group (KAG) is 020 8549 1028</p>
<p><b>Children Services and Safeguarding Contact in Kingston</b></p>	
<p><b>The Single Point of Access, Protection and Early Help services</b></p>	<p><b>Tel:</b> 020 8547 5008</p> <p>The Emergency Duty Team for out of hours after 5pm weekdays and weekends  <b>Tel:</b> 02087705000  <b>Email secure:</b> <a href="mailto:spa@rbk.kingston.gov.uk.cjism.net">spa@rbk.kingston.gov.uk.cjism.net</a>  Following the telephone referral, the worker must confirm their concerns in writing within 24 hours.  <b>Address:</b> The Royal Borough of Kingston upon Thames  1st Floor, Guildhall 2,  Kingston upon Thames</p>

	<p>KT1 1EU</p> <p>In an emergency contact the Police on telephone number 999</p>
<b>Kingston Carers Network</b>	<p><b>Diane White</b>  Young Carers Co-ordinator  <b>Tel:</b> 020 3031 2754  <b>Email:</b> <a href="mailto:youngcarers1@kingstoncarers.org.uk">youngcarers1@kingstoncarers.org.uk</a>  <b>Website:</b> <a href="http://www.kingstoncarers.org.uk">www.kingstoncarers.org.uk</a></p>
<b>Kingston Hospital safeguarding midwives</b>	<p><b>Tel:</b> 020 8546 7711  ask for safeguarding midwives</p>
<b>Named Nurse for Safeguarding Children South West London and St George's Mental Health Trust</b>	<p><b>Ian Higgins</b>  Named Nurse for Safeguarding Children South West London and St George's Mental Health Trust  <b>Tel:</b> 0778901526  <b>Website:</b> <a href="mailto:ian.higgins@swlstg-tr.nhs.uk">ian.higgins@swlstg-tr.nhs.uk</a></p>
<b>Kingston Advocacy Group</b>	<p>KAG helps vulnerable people have a say in decisions that affect them and how they live their lives. KAG provides independent advocacy support at no direct cost to these individuals, who have a learning disability or mental health issue.</p> <p>50 Canbury Park Road, Kingston upon Thames, Surrey KT2 6LX  020 8549 1028</p>

RICHMOND CONTACT DETAILS	
Adult Mental Health Services in Richmond	
Service	Contact information
<p><b>Richmond Wellbeing Service</b>  Richmond Wellbeing Service is the Borough's Talking Therapies and Specialist Support team who provide a number of different talking therapies as well as psychiatric consultation and support for people with mild to moderate mental health problems e.g. depression, anxiety, etc. The service</p>	<p>Appointments can be made by an individual's GP, healthcare professionals or other services who may already be involved, we also accept self-referrals via the website or telephone:</p> <p><b>Tel:</b> 020 8548 5550  <b>Website:</b> <a href="http://www.richmondwellbeingservice.nhs.uk">www.richmondwellbeingservice.nhs.uk</a>  <b>Opening times:</b> Monday to Thursday – 8.00 a.m. to 8.00 p.m. and Friday – 8.00 a.m. to 6.00 p.m.  <b>Base:</b> Richmond Royal Hospital, Kew Foot Road, Richmond, TW9</p>

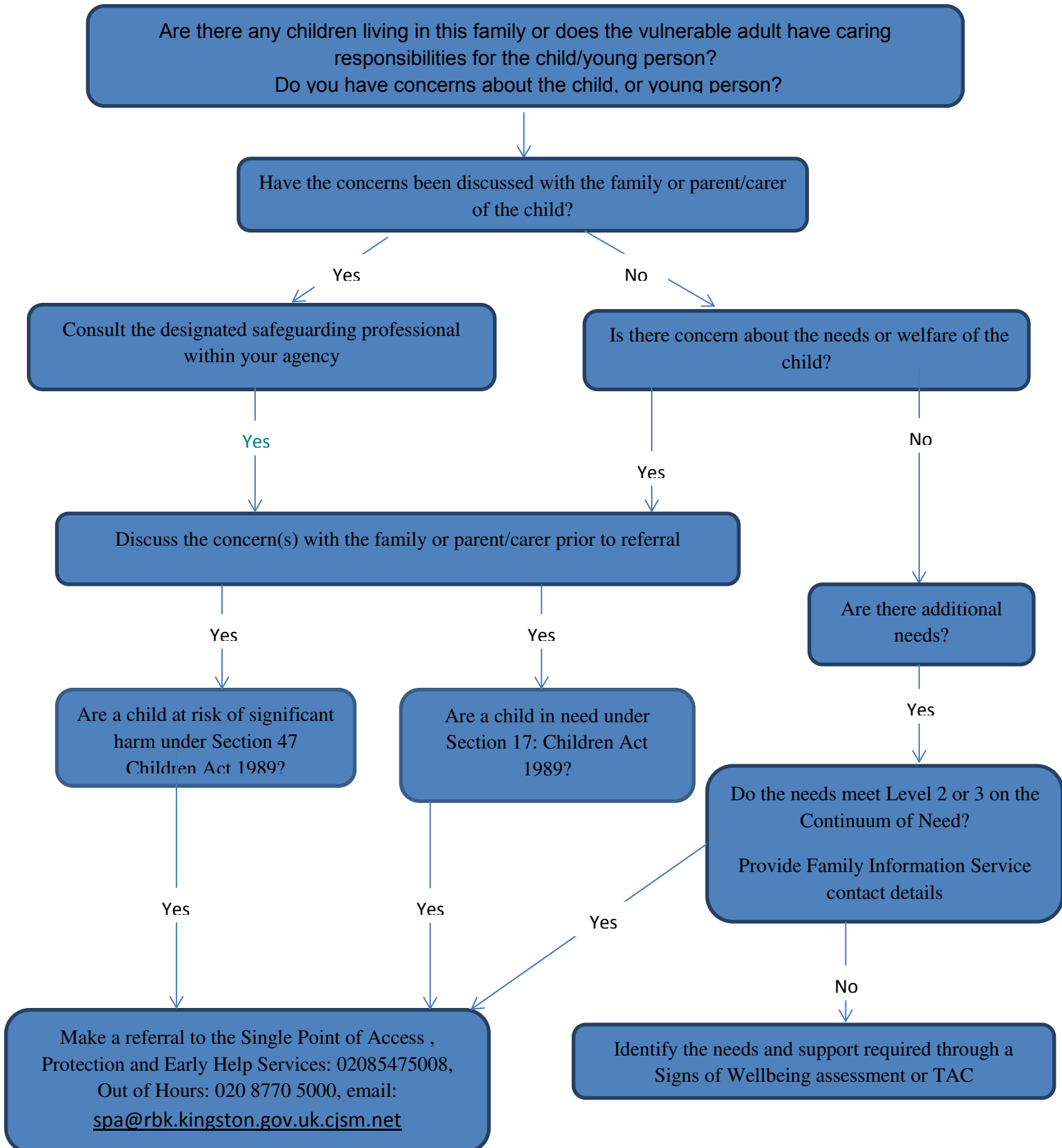
<p>also includes a psychiatric liaison team who undertake mental health assessments for more complex cases who are referred by the individual's GP</p>	<p>2TE</p>
<p><b>Community Mental Health Team</b></p> <p>The Community Mental Health Teams provide services for adults under 65 years of age who have severe mental health problems e.g. schizophrenia, severe depression and psychotic disorders.</p>	<p>The are two Community Mental Health teams in Richmond based at the Richmond Royal Hospital providing a service to adults with severe and enduring mental health problems</p> <p>Single point Tel: 02035133200  Opening times : Monday to Friday 09:00 – 17:00  Address:  Richmond Royal Hospital  Kew Foot Road  Richmond TW9 2TE</p> <p><b>Crisis Helpline for existing service users: 0208 028 8000</b></p>
<p><b>Adult Social Services in Richmond</b></p>	
<p><b>Richmond Adult and Community Services</b></p>	<p><b>Tel:</b> 020 8891 7971  <b>Email:</b> <a href="mailto:adultsocialservices@richmond.gov.uk">adultsocialservices@richmond.gov.uk</a>  <b>Address:</b> Civic Centre,  44 York Street,  Twickenham,  TW1 3BZ</p>
<p><b>Adult Safeguarding in Richmond</b></p>	
<p><b>Adult Access Team</b></p>	<p>If a member of staff needs advice on safeguarding adults, they should contact the Adult Access Team</p> <p><b>Tel:</b> 020 8891 7971  <b>Textphone:</b> 18001 020 8891 7971  <b>Email:</b> <a href="mailto:adultsocialservices@richmond.gov.uk">adultsocialservices@richmond.gov.uk</a>  <b>Opening times:</b> Monday to Thursday from 9am to 5.15pm, and on Friday from 9am to 5pm.</p> <p>In an emergency contact the Police on telephone number 999</p> <p><b>Emergencies outside office hours</b>  Contact the Adults Emergency Duty Team. The service is available Monday to Friday from 5pm to 8am, and 24 hours at</p>

	<p>weekends and on Bank Holidays:</p> <p><b>Tel:</b> 020 8744 2442  <b>Type Talk:</b> 18001 020 8744 9414</p> <p>Richmond AID (Advocacy service).....</p>
<b>Children Services and Safeguarding Contact in Richmond</b>	
<p><b>The Single Point of Access</b></p> <p>The Single Point of Access team (SPA) are specifically trained to handle your concerns, liaising with other teams to investigate your concerns. The team also provides information and advice across a range of children and family services.</p>	<p>If you have concerns about a child, contact our specialist team by:</p> <p><b>Tel:</b> 020 8891 7969  <b>Email secure:</b> <a href="mailto:spa@richmond.gov.uk">spa@richmond.gov.uk</a></p> <p>For out of hours and weekend services:  <b>Tel:</b> 020 8744 2442  <b>Address:</b> 1st Floor, Civic Centre,  44 York Street  Twickenham  TW1 3BZ</p> <p>If you or a child is in immediate danger you should always phone 999</p>
<p><b>Richmond Carers</b></p> <p>The Young Carers Service is run by Richmond Carers Centre and provides:</p> <p>Information and advice; young carers activity and support groups; activities and group trips during the school holidays; one-to-one support for young carers, referral of young carers and their families to other carer support agencies.</p>	<p><b>Young Carers Support Worker</b>  <b>Tel:</b> 020 8867 2383  <b>Email:</b> <a href="mailto:youngcarers@richmondcarers.org">youngcarers@richmondcarers.org</a></p>
<p><b>West Middlesex Hospital Safeguarding Midwives</b></p>	<p><b>Maternity</b></p> <p>Named Midwife: - Tonie Neville 07876 590 621</p> <p>Safeguarding Midwife:  Teresa Driver 020 8321 5564 or via mobile 07920 757 360</p>

	<p><a href="mailto:tdriver@nhs.net">tdriver@nhs.net</a></p> <p>Perinatal Mental Health Midwife:- Julia Lidderdale extn 6333 or via mobile 07920 751 234</p>
<b>Kingston Hospital safeguarding midwives</b>	<p><b>Tel:</b> 020 8546 7711</p> <p>ask for safeguarding midwives</p>
<b>Richmond Advocacy</b>	<p>POhWER is a charity and membership organisation. We provide information, advice, support and advocacy to people who experience disability, vulnerability, distress and social exclusion.</p> <p><b>Tel:</b> 0300 456 2370</p> <p><a href="http://www.pohwer.net">http://www.pohwer.net</a></p>
<b>Named Nurse for Safeguarding Children South West London and St George's Mental Health Trust</b>	<p><b>Ian Higgins</b></p> <p>Named Nurse for Safeguarding Children South West London and St George's Mental Health Trust</p> <p><b>Tel:</b> 0778901526</p> <p><b>Website:</b> <a href="mailto:ian.higgins@swlstg-tr.nhs.uk">ian.higgins@swlstg-tr.nhs.uk</a></p>
<b>SWLSTG Community Perinatal Mental Health Service</b>	<p>The Community Perinatal Mental Health Service is a small highly specialised service providing perinatal mental health consultation and advice to primary care in Wandsworth, Merton, Sutton, Kingston and Richmond and to all the other adult mental health services within the South West London Mental Health Trust</p> <p>Team Contact Number: 020 8266 6984</p> <p>Team Administrator: Aissa Sheik-Panchoo</p> <p>email: <a href="mailto:aissa.sheik-panchoo@swlstg-tr.nhs.uk">aissa.sheik-panchoo@swlstg-tr.nhs.uk</a></p>

# Appendix 1

## Decision making flowchart – referral for a child



If a worker is concerned that a child is suffering, or likely to suffer, significant harm, a telephone referral must be made as soon as possible to:

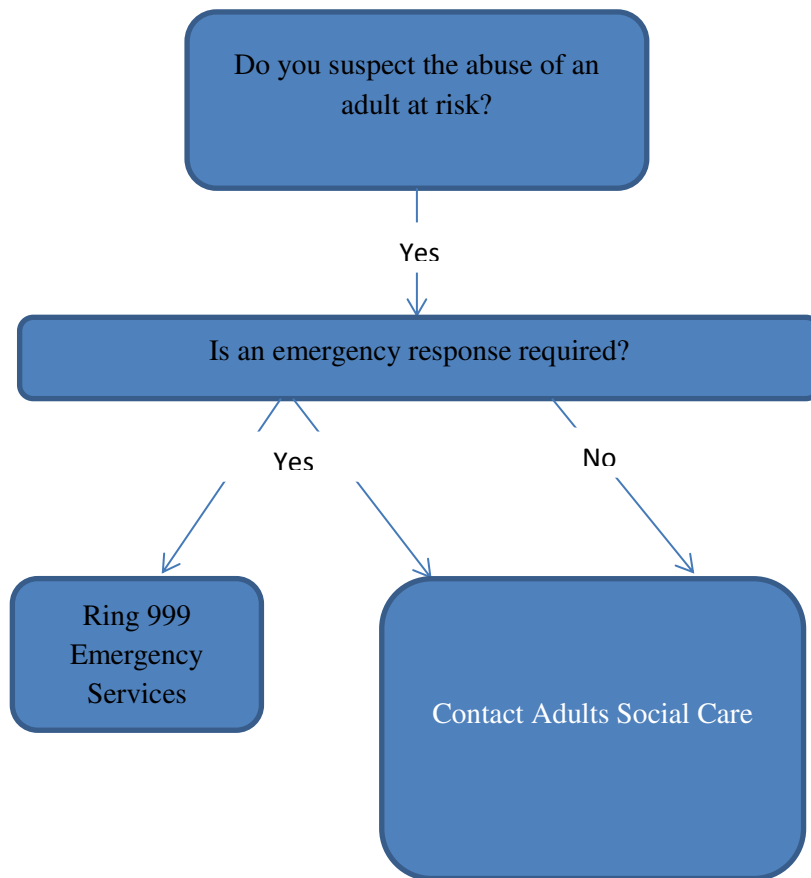
- The Single Point of access, Protection and Early Help services,  
The Royal Borough of Kingston upon Thames, 1<sup>st</sup> Floor , Guildhall 2, Kingston upon Thames, KT1 1EU.
- In an emergency contact the Police on telephone number 999
- See Appendix for the link to Roval Borough of Kingston Thresholds Document



# Appendix 2

## Decision making flowchart – Alert for an Adult

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# Appendix 3

## London Continuum charts – level 1

No additional needs, only requiring universal service support

Features	Medium Risk - EXAMPLE INDICATORS	ASSESSMENT PROCESS
<p><b>Children with no additional needs</b></p> <p>Children whose developmental needs are met by universal services</p>	<p><b>Development needs</b></p>	<p><b>No Common Assessment is required.</b></p> <p>Children should access universal services in a normal way.</p> <p><b>Key universal services that may provide support at this level:</b></p> <ul style="list-style-type: none"> <li>• Education</li> <li>• Children’s Centres and Early Years</li> <li>• Health visiting service</li> <li>• School nursing</li> <li>• GP</li> <li>• Play Services</li> </ul>
	<p><b>Learning / Education</b></p> <ul style="list-style-type: none"> <li>• achieving key stages</li> <li>• good attendance at school/college/training</li> <li>• no barriers to learning</li> <li>• Planned progression beyond statutory school age</li> </ul>	
	<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Good physical health with age appropriate developmental milestones including speech and language</li> </ul>	
	<p><b>Social, emotional, behavioural, identity</b></p> <ul style="list-style-type: none"> <li>• good mental health and psychological well-being</li> <li>• good quality early attachments, confident in social situations</li> <li>• knowledgeable about the effects of crime and antisocial behaviour</li> <li>• knowledgeable about sex and relationships and consistent use of contraception if sexually active</li> </ul>	
	<p><b>Family and social relationships</b></p> <ul style="list-style-type: none"> <li>• Stable families where parents are able to meet the child’s needs</li> </ul>	
	<p><b>Self-care and independence</b></p> <ul style="list-style-type: none"> <li>• Age appropriate independent living skills</li> </ul>	
	<p><b>Family and environmental factors</b></p>	
	<p><b>Family history and well-being</b></p> <ul style="list-style-type: none"> <li>• supportive family relationships</li> </ul>	
	<p><b>Housing, employment and finance</b></p> <ul style="list-style-type: none"> <li>• child fully supported financially</li> <li>• good quality stable housing</li> </ul>	
	<p><b>Social and community resources</b></p> <ul style="list-style-type: none"> <li>• good social and friendship networks exist</li> <li>• safe and secure environment</li> </ul>	

	<ul style="list-style-type: none"> <li>• access to consistent and positive activities</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated Youth Support Services</li> <li>• Police</li> <li>• Housing</li> <li>• Voluntary and community sector</li> </ul>
<b>Parents and carers</b>	<b>Basic care, safety and protection</b> <ul style="list-style-type: none"> <li>• parents able to provide care for child’s needs</li> </ul>	
<b>Emotional warmth and stability</b> <ul style="list-style-type: none"> <li>• parents provide secure and caring parenting</li> </ul>	<b>Guidance boundaries and stimulation</b> <ul style="list-style-type: none"> <li>• parents provide appropriate guidance and boundaries to help child develop appropriate values</li> </ul>	

## London Continuum charts – level 2

### Low to Vulnerable Targeted support

Features	Low to Vulnerable - EXAMPLE INDICATORS	ASSESSMENT PROCESS
<p><b>2a Vulnerable</b></p> <p>These children have low level addition needs that are likely to be short-term and maybe known but are not being met.</p>	<p><b>Development needs</b></p> <p><b>Learning/Education</b></p> <ul style="list-style-type: none"> <li>• occasional truanting or non-attendance</li> <li>• school action or school action plus</li> <li>• identifies language and communication difficulties</li> <li>• reduced access to books, toys or educational materials</li> <li>• few or no qualifications</li> <li>• NEET</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Slow in reaching developmental milestones</li> <li>• Missing immunizations or checks</li> <li>• Minor health problems which can be maintained in a mainstream school</li> </ul>	<p><b>A common assessment</b> should be completed with the child to identify their strengths and needs and to gain specialist support.</p> <p>Programmes aiming to build self-esteem and enhance social/life skills</p> <p>Prevention Programmes</p> <p>Positive Activities</p>
<p><b>2b Vulnerable</b></p> <p>Child's needs – requiring multi-agency intervention</p>	<p><b>Social, emotional, behavioural and identity</b></p> <ul style="list-style-type: none"> <li>• Low level mental health or emotional issues requiring intervention</li> <li>• Pro offending behaviour and attitudes</li> <li>• Early onset of offending behaviour or activity (10-14)</li> <li>• Coming to notice of police through low level offending</li> <li>• Expressing wish to become pregnant at young age</li> <li>• Early onset of sexual activity (13-14)</li> <li>• Sexual active (15+) with inconsistent use of contraception</li> <li>• Low level substance misuse (current or</li> </ul>	<p><b>Key agencies that may provide support at this level:</b></p> <ul style="list-style-type: none"> <li>• Universal and targeted</li> <li>• Youth crime</li> </ul>

Lead Professional and Team around child	historical)	<ul style="list-style-type: none"> <li>and prevention services</li> <li>Targeted drug and alcohol information advice and education, including harm reduction advice to support informed choices.</li> <li>Health, education Children's Centres and Early Years</li> <li>Educational psychology</li> <li>Educational Welfare</li> <li>Specialist Play Services</li> <li>Integrated Youth Support Services</li> <li>Voluntary And Community services</li> </ul>
	<ul style="list-style-type: none"> <li>Poor self-esteem</li> </ul>	
	<b>Family and environmental factors</b>	
	<b>Family and social relationships and family well-being</b>	
	<ul style="list-style-type: none"> <li>Parents/carers have relationship difficulties which may affect the child</li> <li>Parents request advice to manage their child's behaviour</li> <li>Children affected by difficult family relationships or bullying</li> </ul>	
	<b>Housing, employment and finance</b>	
	<ul style="list-style-type: none"> <li>overcrowding</li> <li>families affected by low income or unemployment</li> </ul>	
	<b>Social and community resources</b>	
	<ul style="list-style-type: none"> <li>insufficient facilities to meet needs e.g. transport or access issues</li> <li>family require advice regarding social exclusion e.g. hate crimes</li> <li>associating with anti-social or criminally active peers</li> <li>limited access to contraceptive and sexual health advice, information and services</li> </ul>	
	Parents and carers	
<b>Basic care, safety and protection</b>		
<ul style="list-style-type: none"> <li>inconsistent care e.g. inappropriate child care arrangements or young inexperienced parent</li> </ul>		
<b>Emotional warmth and stability</b>		
<ul style="list-style-type: none"> <li>inconsistent parenting, but development not significantly impaired</li> </ul>		
<b>Guidance boundaries and stimulation</b>		
<ul style="list-style-type: none"> <li>lack of response to concerns raised regarding child</li> </ul>		

		<ul style="list-style-type: none"><li>• Family Support services</li><li>• Reference sector specific charts</li></ul>
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## London Continuum charts – level 3

High or Complex level additional needs requiring integrated targeted support OR child in need (section 17)

Features	Medium Risk - EXAMPLE INDICATORS	ASSESSMENT PROCESS
<p><b>Children with high level additional unmet needs</b></p> <p>Complex needs likely to require longer term intervention from statutory and/or specialist services</p> <p><b>Child in need:</b> These children may be eligible for a child in need service</p>	<p><b>Development needs</b></p>	<p>The common assessment can be used as supporting evidence to gain specialist/targeted support.</p> <p>The common assessment may also be completed to support child moving out of complex needs.</p> <p>Statutory or specialist services assessment (NB common assessment must NOT replace a specialist assessment).</p> <p><b>Key agencies that</b></p>
	<p><b>Learning/Education</b></p> <ul style="list-style-type: none"> <li>• Short term exclusions or at risk of permanent exclusion, persistent truanting</li> <li>• Statement of special educational needs</li> <li>• No access to books, toys or educational</li> </ul>	
	<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Disability requiring specialist support to be maintained in mainstream setting</li> <li>• Physical and emotional development raising significant concerns</li> <li>• Chronic/recurring health problems</li> <li>• Missed appointments – routine and non-routine</li> </ul>	
<p><b>Social, emotional, behavioural, identity</b></p> <ul style="list-style-type: none"> <li>• Under 16 or has had (or caused) a previous pregnancy ending in still birth, abortion or miscarriage</li> <li>• Under 18 and pregnant</li> <li>• Coming to notice of police on a regular basis but not progressed</li> <li>• Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention</li> <li>• Evidence of regular/frequent drug use which may be combined with other risk factors</li> <li>• Evidence of escalation of substance use</li> <li>• Evidence of changing attitudes and more disregard</li> </ul>		

<p>from children's social care and are at the risk of moving to a high level of risk if they do not receive early intervention. These may include children who have been assessed as "high risk" in the recent past, or children who have been adopted and now require additional support. If a social worker is allocated they will act as the Lead Professional.</p>	<p>to risk</p> <ul style="list-style-type: none"> <li>• Mental health issues requiring specialist intervention in the community</li> <li>• Significant low self esteem</li> <li>• Victim of crime including discrimination</li> </ul>	<p><b>may provide support at this level:</b></p> <ul style="list-style-type: none"> <li>• LA children's social Learning / Education</li> <li>• Other statutory service e.g. SEN Services. Specialist health or disability services.</li> <li>• YISP</li> <li>• Youth Offending Team</li> <li>• Targeted drug and alcohol</li> <li>• CAMHS</li> <li>• Family support services</li> <li>• Voluntary and Community services</li> <li>• Services at universal level</li> <li>• Reference sector specific charts</li> </ul>
	<p><b>Self-care and independence</b></p> <ul style="list-style-type: none"> <li>• Lack of age appropriate behaviour and independent living skills, likely to impair development</li> </ul>	
	<p><b>Family and environmental factors</b></p>	
	<p><b>Family and social relationship and family well-being</b></p> <ul style="list-style-type: none"> <li>• History of Domestic violence</li> <li>• Risk of relationship breakdown with parent or carer and the child</li> <li>• Young carer, Privately fostered, children of prisoners, periods of LAC</li> <li>• Child appears to have undifferentiated attachments</li> </ul>	
	<p><b>Housing, employment and finance</b></p> <ul style="list-style-type: none"> <li>• Severe overcrowding, temporary accommodation, homeless, unemployment</li> </ul>	
	<p><b>Social and community services</b></p> <ul style="list-style-type: none"> <li>• Family require support services as a result of social exclusion</li> <li>• Parents socially excluded, no access to local facilities</li> </ul>	
	<p><b>Parent and carers</b></p>	
	<p><b>Basic care, safety and protection</b></p> <ul style="list-style-type: none"> <li>• physical care or supervision of child is inadequate</li> <li>• parental learning disability ,parental substance misuse or mental health impacting on parent's ability to meet the needs of the child</li> <li>• parental non compliance</li> </ul>	



	<b>Emotional warmth and stability</b> <ul style="list-style-type: none"><li>• inconsistent parenting impairing emotional or behavioural development</li></ul>	
	<b>Guidance boundaries and stimulation</b> <ul style="list-style-type: none"><li>• parent provides inconsistent boundaries or responses</li></ul>	

## London Continuum charts – level 4

Complex/Acute additional needs requiring specialist or statutory integrated response OR child protection (section 47)

Features	High Risk - EXAMPLE INDICATORS	ASSESSMENT PROCESS
<p><b>Complex additional unmet needs</b></p> <p>These children require specialist/statutory integrated support</p> <p><b>Child Protection</b></p> <p>Children experiencing significant harm that require statutory intervention such as child protection or legal intervention.</p> <p>These children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order.</p>	<p><b>Development needs</b></p> <p><b>Learning/Education</b></p> <ul style="list-style-type: none"> <li>• Chronic non-attendance, truanting</li> <li>• Permanently excluded, frequent exclusions or no education provision</li> <li>• No parental support for education</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• High level disability which cannot be maintained in a mainstream setting</li> <li>• Serious physical and emotional health problems</li> </ul> <p><b>Social, emotional, behavioural, identity</b></p> <ul style="list-style-type: none"> <li>• Challenging behaviour resulting in serious risk to the child and others</li> <li>• Failure or rejection to address serious (re) offending behaviour likely to be in deter cohort of youth offending management</li> <li>• Known to be part of a gang or postcode derived collective</li> <li>• Complex mental health issues requiring specialist interventions</li> <li>• In sexually exploitative relationship</li> <li>• Teenage parent under 16</li> <li>• Under 13 engaged in sexual activity</li> <li>• Frequently go missing from home for long periods</li> <li>• Distorted self-image</li> </ul>	<p><b>Additional services:</b></p> <p>The common assessment can be used as supporting evidence to gain specialist/targeted support.</p> <p>Statutory or specialist services assessment (NB common assessment must NOT replace a specialist assessment).</p> <p><b>Key agencies that may provide support at this level:</b></p> <p>La Children’s social care</p>

<p>Agencies should make a verbal referral to children’s social care accompanied by a written referral.</p>	<ul style="list-style-type: none"> <li>• Young people experiencing current harm through their use of substances</li> <li>• Young people with complicated substance problems requiring specific interventions and/or child protection</li> <li>• Young people with complex needs whose issues are exacerbated by substance use</li> </ul>	<p>Specialist health or disability services Youth Offending Team CAMHS Family support services Voluntary and community services Services at universal level Comprehensive assessment and formulation of substance specific care plan</p>
	<p><b>Self-care and independence</b></p> <ul style="list-style-type: none"> <li>• Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm e.g. bullying, isolation.</li> </ul>	
	<p><b>Family and environmental factors</b></p>	
	<p><b>Family and social relationships and family well-being</b></p> <ul style="list-style-type: none"> <li>• Suspicion of physical, emotional, sexual abuse or neglect</li> <li>• High levels of domestic violence that put the child at risk</li> <li>• Parents are unable to care for the child</li> <li>• Children who need to be looked after outside of their own family</li> </ul>	<p>Reference sector specific charts</p>
	<p><b>Housing, employment and finance</b></p> <ul style="list-style-type: none"> <li>• No fixed abode or homeless</li> <li>• Family unable to gain employment or extreme poverty</li> </ul>	
	<p><b>Social and community resources</b></p> <ul style="list-style-type: none"> <li>• Child or family need immediate support and protection due to harassment/discrimination and No access to community resources</li> </ul>	

	<b>Parents and carers</b>	
	<b>Basic care, safety and protection</b> <ul style="list-style-type: none"> <li>• Parent is unable to meet child’s needs without support</li> </ul>	
	<b>Emotional warmth and stability</b> <ul style="list-style-type: none"> <li>• Parents unable to manage and risk of family breakdown</li> </ul>	
	<b>Guidance boundaries and stimulation</b> <ul style="list-style-type: none"> <li>• Parent does not offer good role model e.g. condones antisocial behaviour</li> </ul>	

# Appendix 4



## Referral Form

Surbiton Health Centre  
Ewell Road, Surbiton, KT6 6EZ

Date of Referral:

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

NHS Number: \_\_\_\_\_ RiO number: \_\_\_\_\_ M/F: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_

Mobile: \_\_\_\_\_ Landline: \_\_\_\_\_ Email: \_\_\_\_\_

Language (if not English): \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Interpreter required? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Disability: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Referrer's Name: \_\_\_\_\_ Referrer's Job Title: \_\_\_\_\_

Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

Email: \_\_\_\_\_

GP Name & Surgery if not referrer: \_\_\_\_\_

IAPT Referrals		Main presenting problem/s: please tick all applicable:	
Generalised Anxiety Disorder		Coping with illness / chronic conditions	Relationship/family
Health Anxiety		Carer Issues	Self-image/self-esteem
Panic Disorder		Self-harm	Sexual Issues
Panic Disorder with agoraphobia		Sexual abuse	Eating disorder
Social anxiety		Physical abuse	Housing/social problems
Phobia (e.g. wasps, heights)		Anger	Refugee/dislocation issues
Post-traumatic stress disorder		Work related Issues	Complex bereavement
Obsessive-compulsive disorder		Alcohol problems	Stress
Depression		Drug problems	Other

Alcohol and other Drug referrals: please complete		
Alcohol Problems		Drug Problems
Units per week:	AUDIT Score:	Substance(s)

Brief summary of problems and help sought:	Brief summary of problems and help sought:
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Risk Assessment	Past history?			Current Risk?	
	Yes	No	Don't know	Yes	No
Suicidal: ideation / intention / plans / attempts	Yes	No	Don't know	Yes	No
Self Harm	Yes	No	Don't know	Yes	No
Harm to others	Yes	No	Don't know	Yes	No
Forensic issues / criminal justice involvement	Yes	No	Don't know	Yes	No
Alcohol issues	Yes	No	Don't know	Yes	No
Drug issues	Yes	No	Don't know	Yes	No

**Further details of presenting problem/s:** e.g. onset, duration, frequency. Please also include details of relevant family/relationship issues

**Previous psychological/psychiatric history:** Please specify services currently or recently involved with this patient, including contact details where possible

**Current Medication:**

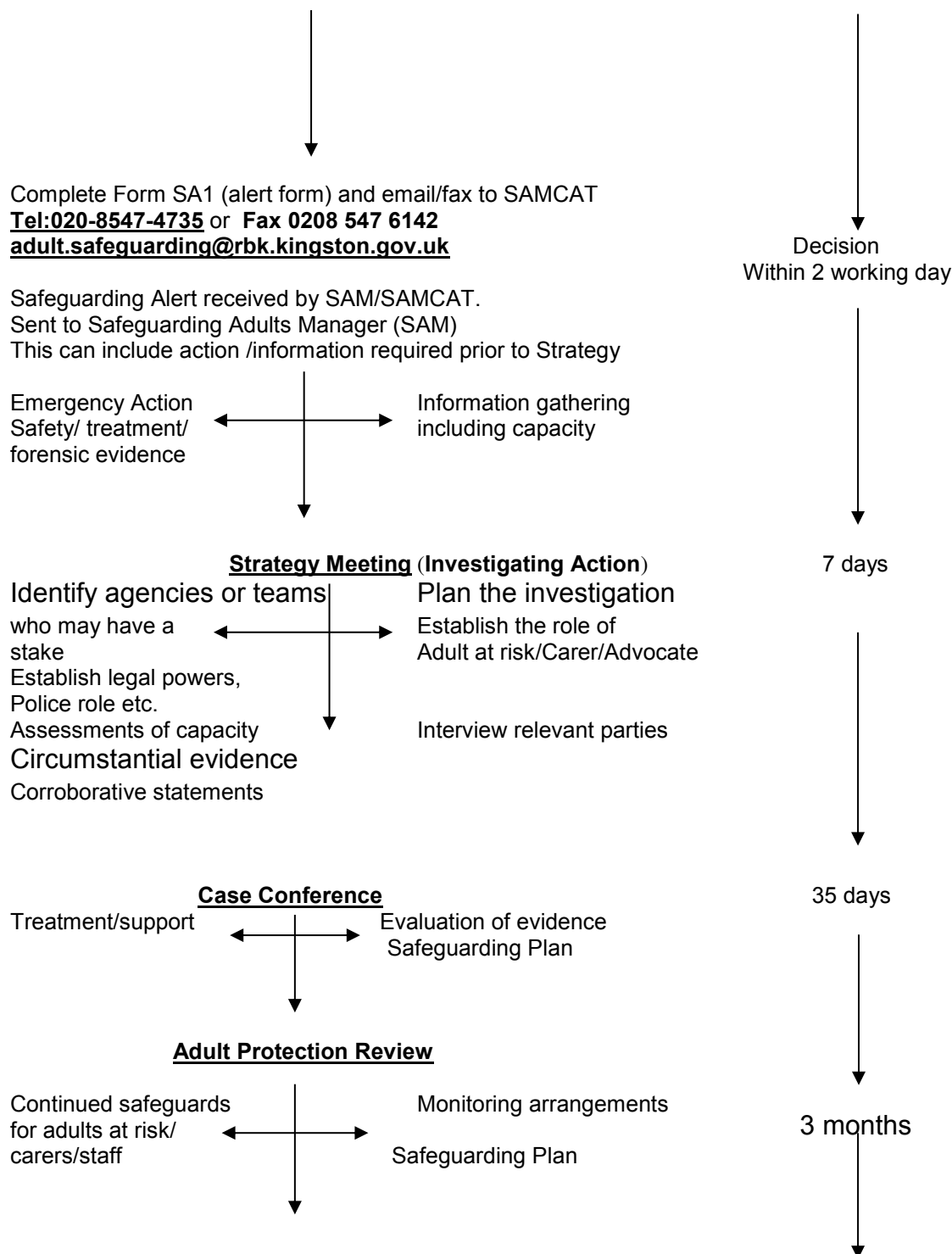
**Other Agencies involved:**

<p>Please forward this referral form either by post, fax or email to:</p> <p><b>Kingston Wellbeing Service, Surbiton Health Centre, Ewell Road, Surbiton. KT6 6EZ</b></p> <p>Fax: 020 8274 3052</p> <p>Email: <a href="mailto:Kingston.wellbeing@nhs.net">Kingston.wellbeing@nhs.net</a></p> <p>To discuss any particular concerns, please contact the</p> <p>IAPT Duty Clinician: 0203 513 3000</p> <p>Alcohol or Drugs: 0208 274 3051</p>	
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# Appendix 5

## Flowchart of the Safeguarding Adults Process

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If you think someone you know may have been abused or you need to get in touch with the Safeguarding Adults and Mental Capacity Act Team, for any reason or for advice, please contact us: 02085474735. Web information [http://www.kingston.gov.uk/info/200201/working\\_within\\_adult\\_safeguarding](http://www.kingston.gov.uk/info/200201/working_within_adult_safeguarding)  
 RBK Contact Centre 02085475005, Police Emergency 999

## Appendix 6

### Book References

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



The Wise Mouse	978-0-9552573-1-5	Virginia Ironside & Nick Sharratt
Living with a Black Dog	978-1-84529-743-5	Matthew & Ainsley Johnstone
Manifest Your Magnificence	0-9730380-0-4	Susan Howson & Mike Polito

# Appendix 7

## Useful Links

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### **Adult safeguarding protocol:**

Royal Borough of Kingston:

[http://www.kingston.gov.uk/info/200181/adult social care/233/policies and strategies for adult social care](http://www.kingston.gov.uk/info/200181/adult_social_care/233/policies_and_strategies_for_adult_social_care)

London Borough of Richmond upon Thames:

[http://www.richmond.gov.uk/lbrut\\_local\\_safeguarding\\_adults\\_protocol\\_and\\_appendices\\_june\\_13.pdf](http://www.richmond.gov.uk/lbrut_local_safeguarding_adults_protocol_and_appendices_june_13.pdf)

### **Kingston Children's Social Care threshold Document for Safeguarding Children:**

[http://www.kingston.gov.uk/downloads/download/381/threshold framework for support and protection](http://www.kingston.gov.uk/downloads/download/381/threshold_framework_for_support_and_protection)

### **Kingston and Richmond Early Help**

<http://www.achievingforchildren.org.uk/Early-Help-Introduction>

### **Every Child Matters:**

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

### **e-CAf:**

Kingston:

[http://www.kingston.gov.uk/info/200268/coordinating children s services/812/integrated working common assessment frameworks and multi-agency locality teams](http://www.kingston.gov.uk/info/200268/coordinating_children_s_services/812/integrated_working_common_assessment_frameworks_and_multi-agency_locality_teams)

Richmond:

[http://www.richmond.gov.uk/home/council/how we work/partnerships/integrated working/caf/ecaf.htm](http://www.richmond.gov.uk/home/council/how_we_work/partnerships/integrated_working/caf/ecaf.htm)

## **LSCB Learning and Development**

<http://kingstonandrichmondlsqb.org.uk/practitioners/learning-and-development-126.php>

### **Young Carers:**

Kingston:

[http://www.kingston.gov.uk/info/200256/carers/586/young\\_carers](http://www.kingston.gov.uk/info/200256/carers/586/young_carers)

Richmond:

[http://www.richmond.gov.uk/young\\_carers](http://www.richmond.gov.uk/young_carers)

## **References**

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

Brandon, M. Sidebotham P. Bailey S. Belderson P. Hawley C. Ellis C. & Megson M' Biennial Analysis of the Impact of Serious Case Reviews,' 2011.

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

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

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

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

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

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