

Adopting a Family Approach to Tackling Substance, Alcohol misuse, Mental Health and Domestic Abuse

Delivered by
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Housekeeping



Fire Alarm



Toilets



Smoking



Phones



Refreshments



Hampshire
County Council

Group Agreement



Don't leave with a concern

Confidential

Respect the views of others

Be “Professionally curious”

Learning Outcomes

1. Understand what is meant by a “Family Approach”.
2. Identify how the risk factors of adult mental illness, substance misuse and domestic abuse co-exist within families and the implications of safeguarding children and adults at risk.
3. Understand the impact these risk factors have on an adult, to parent or care for themselves or others.
4. Understand how these cumulative issues impact on children and adult at risk short and long term.
5. Explore learning from Serious Case Review and Safeguarding Adult Review findings; to assist in informing good practice.
6. Understand the application of LSCB and LSAB Joint Working Protocol in the context of the family approach to child and adult safeguarding.



General Knowledge Quiz



1. Name **3** positive outcomes the “Whole Family Approach” provides.
2. What **3** skills are required to be a “Dedicated Worker”?
3. What percentage reduction in involvement in anti social behaviour and crime has been recorded nationally?
a. 37% b. 47% c. 57% d. 67%
4. What does **T.A.F.** mean and what is their role?
5. List **3** risks that could be present and affect the wellbeing in the family ?





“Everyone’s Responsibility”

V

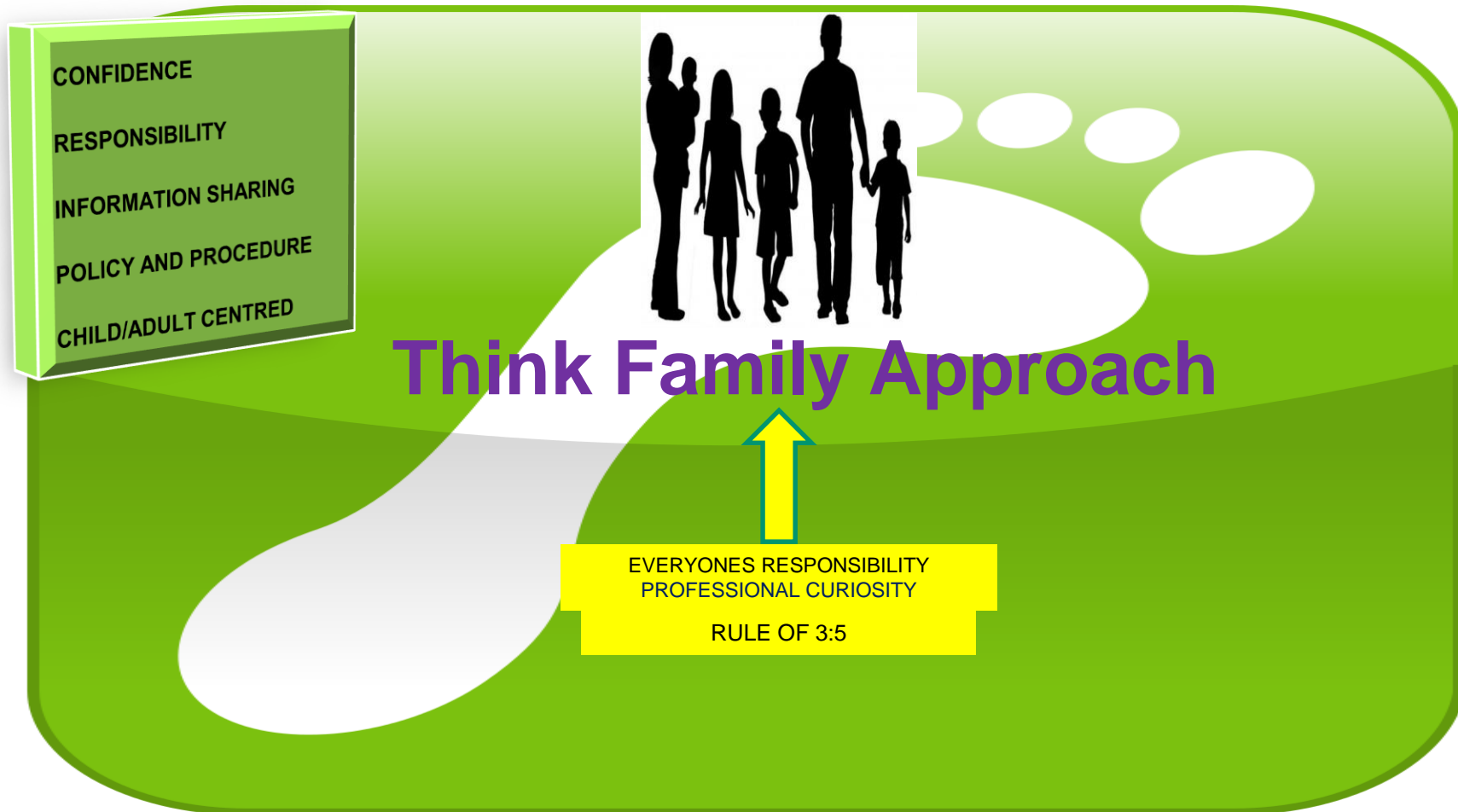
“Professionally Curiosity”

Question: Are you culture led or process driven?

RULE OF 3 : 5

**CONFIDENCE
RESPONSIBILITY
INFORMATION SHARING
POLICY AND PROCEDURE
CHILD/ADULT CENTRED.**





THE SAFEGUARDING FOOTPRINT

Policy and Procedure



- Working Together to Safeguard Children 2018
- Troubled Family Programme 2012
- The Care Act 2014 – Whole Family Approach Guidance
- 4 LSCB Joint Working Protocol 2017
- Hampshire and IOW Neglect Strategy 2016.

Working Together to Safeguard Children 2018



HM Government



Hampshire
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Safeguarding Children

Children Act 1989 & 2004



Protecting children from maltreatment

Preventing impairment of children's health or development

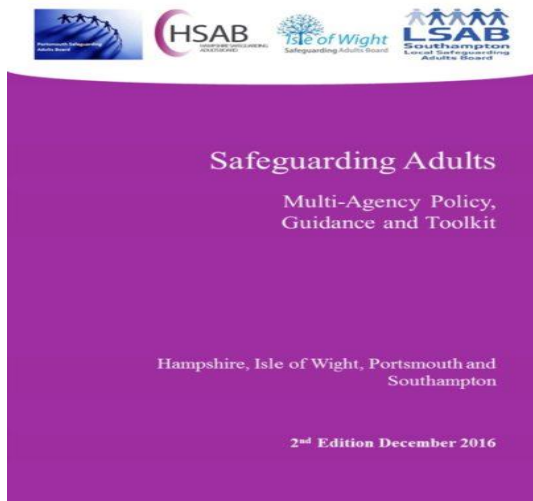
Ensuring that children grow up in circumstances consistent with the provision of safe and effective care

Taking action to enable all children to have the best outcomes.

(Working Together to Safeguard Children 2018).



The Care Act 2014



The Care Act and Whole Family Approaches

Guidance Document 2015

4 key steps:

1. Think Family
2. Get the whole picture
3. Make a plan that works for everyone
4. Check its working.



Department
of Health &
Social Care

The
Children's
Society



Hampshire
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The Care Act 2014; your safeguarding statutory duties

Duty to share information

Duty to co-operate

SECTION 42 ENQUIRY

**"Safeguarding
Concerns"**

Advocacy

**MCA
and
DOLS**

Making enquiries

Safeguarding Boards and
Safeguarding adults reviews

Definition Of Adult At
Risk

6 statutory principles

Safeguarding Adults

Care Act 2014



Safeguarding means protecting an adult's **right to live in safety, free from abuse and neglect.**

It is about people and **organisations working together to prevent and stop both the risks and experience of abuse or neglect,**

while at the same time **making sure that the adult's wellbeing is promoted**

including, where appropriate, **having regard to their views, wishes, feelings and beliefs in deciding on any action.**



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The Definition of “Adult at Risk”

An adult **(18 and over)**

Who has needs for **care and support**
(whether or not the local authority is meeting any of those needs),

AND

is **experiencing, or is at risk of, abuse or neglect,**

AND

as a **result of those care and support needs, is unable to protect themselves** from either the risk of, or the experience of abuse or neglect.

Six Key Principles

1. Empowerment

*I am **consulted** about the outcomes I want from the safeguarding process and these directly inform what happens.*

2. Prevention

*I am **provided** with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.*

3. Proportionality

*I am **confident** that the **responses to risk** will take into account my preferred outcomes or best interests.*

“ MAKE SAFEGUARDING PERSONAL ”

4. Protection

*I am **provided with help and support to report abuse**. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.*

5. Partnership

*I am **confident** that information will be **appropriately shared in a way that takes into account its personal and sensitive nature**. I am confident that **agencies will work together** to find the most effective responses for my own situation.*

6. Accountability

*I am **clear** about the **roles and responsibilities** of all those involved in the solution to the problem.*

The Mental Capacity Act 2005

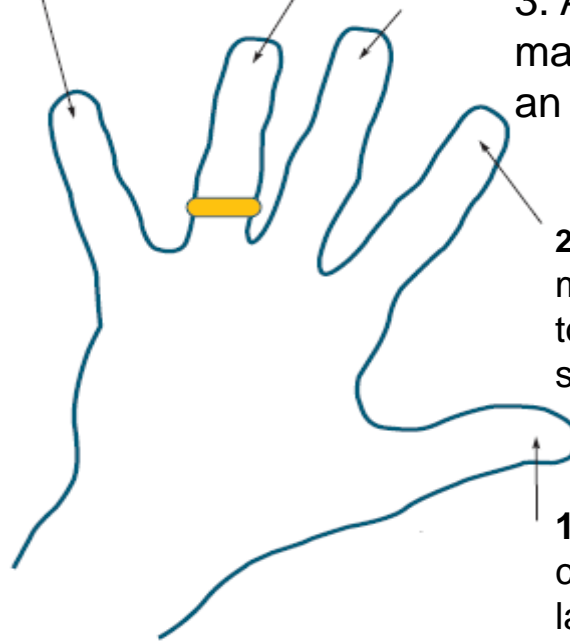
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the persons rights and freedom of action.

4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.

3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.

2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.

1. A person must be assumed to have capacity unless it is established that they lack capacity.





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Making Connections (IOW) Ltd. 2018

The Hampshire and Isle of Wight Neglect Strategy 2016/2018



Definition of Neglect

- “A *persistent failure* to meet a *child's basic physical and/or psychological needs*, likely to result in the serious impairment of the child's health or development...Neglect may involve a parent or carer failing to;
- *Provide adequate food/clothing/shelter*
- *Protect from physical/emotional harm*
- *Provide adequate supervision*
- *Access medical care*
- *Respond to the child's basic emotional needs.*

WTTSC2015

Types of Abuse associated with Neglect

**Emotional
Disorganised
Depressed/Passive
Severe deprivation.**



Each form of neglect is associated with different effects on both children and parents/carers and has implications for the type of interventions required.

Neglect Toolkit – HSCB

General enquires: 01962 876355



Search

Children & Young People

Parents & Carers

Professionals

Procedures

Learning & Improvement

Training

Report a Concern

About Us

Practice Examples & Reports

Day in My Life (Pre-School Child)

Day in My Life (Baby)

Day in My Life (Primary School Child)

Day in My Life (Teenager)

Case Studies

Neglect Prompts

[Home](#) » [Professionals](#) » [Neglect Toolkit](#) » [Practical Tools](#)

Day in My Life (Baby)



Day in My Life (Pre-School Child)



Day in My Life (Primary School Child)



Day in My Life (Teenager)



Case Studies



Neglect Prompts



Practice Examples & Reports



4 LSCB JOINT WORKING PROTOCOL

**Safeguarding Children and Young People
whose Parents/Carers have problems with:
Mental Health, Substance Misuse. Learning
Disability and Emotional or Psychological
Distress.**



Things to know

Part 1:

- Information Sharing
- Confidence to Act
- Equality
- Child Centred
- Whole Family Working
- Partnership Working.

RULE OF 3 : 5



Part 2 : – General Guidance for All

- Risk
- Parental Treatment
- Children with Disability
- Psychosis – 2.2.4
- Young Carers – Hidden form View
- Child Sexual Exploitation
- Neglect - featured in 60% of SCR 2009-2011
- Domestic Abuse – 2.7.4
- Children and Young People who commit Suicide.

Part 3 : – Mental Health

- Definition
- Implications on parenting
- Prenatal and Postnatal Period.



Part 4 : – Substance Misuse

- Definition
- Guidance - Hidden from Harm – 6 key points
- Implications for and Impact on Parenting –
figures/signs symptoms
- Pregnant Women who misuse drugs and/or alcohol.



Part 5 : – Learning Disability

- Definition
- Guidance - Rights for people with LD
- Implications for and Impact on Parenting –
The Care Act 2014
- Prenatal and Postnatal Period.



EXERCISE 1



YIKES!!....Your manager has asked you to give a 5 minute presentation on an aspect of the 4 LSCB Joint Working Protocol at the next team meeting.

In your groups, research the topic you have been given and see if you can find the following:

- a. A definition
- b. A sign or symptom / long term effect
- c. A website that gives us information
- d. A fact that you would want to know if you were listening.



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Serious Case Review

Case Study CHILD M

NOVEMBER 2017

Dorset LSCB / nspcc.org

EXERCISE 2



OH NO!!....your last presentation went down a storm and your manager has asked you to give a 5 minute talk at the next team meeting on;

How the **TOXIC TRIO** risk can impact a “Whole Family Approach” dynamic.

In your groups, define what TOXIC TRIO is, and see if you can find the following:

- a. A sign or symptom / long term effect
- b. A website that gives us information
- c. An interesting statistic or figure.

Making a Referral

How would you make a referral if you had concerns about;

Mental Health?


Substance Misuse?

Domestic Abuse?



```

graph TD
    Worker[Worker] --> Q1{Does client have child(ren)?}
    Q1 -- YES --> Record[Record the following information:  
Name of child(ren)  
DOB  
Residency  
Main carer  
Health Visitor/School  
Children's Services involved?  
CAF open?  
Subject to Child Protection Plan?  
Ever been subject to CP Plan?  
Young Carer?]
    Q1 -- NO --> Q2{Is client receiving help for their drug/alcohol learning disability, mental health problems?}
    Q2 -- YES --> Q3{Is client or partner pregnant?}
    Q2 -- NO --> Q4{In regular/substantial contact with someone else's child(ren)?}
    Q3 -- YES --> Q5{Support access to antenatal care. Refer for or assess treatment & support needs}
    Q3 -- NO --> Q6{Refer to drug/alcohol, learning disability or mental health services}
    Q4 -- YES --> Q7{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q4 -- NO --> Q8{No further safeguarding action}
    Q7 -- YES --> Q9{If no risk of significant harm, make most appropriate referral(s)}
    Q7 -- NO --> Q10{If child at risk of significant harm use LSCB procedures www.4LSCB.org.uk}
    Q10 --> Q11{Contact relevant drug/alcohol, learning disability or mental health service or deliver relevant intervention}
    Q11 --> Q12{Agree joint assessment, future joint work, management & review of both child & adult problems}
    Q9 --> Q12
    Q12 --> Q13{Refer to Children's Services}
    Q13 --> Q14{Contact service & liaise re: joint working & support plan for child(ren) & adult(s)}
    Q14 --> Q15{YES}
    Q14 -- NO --> Q16{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q15 --> Q16
    Q16 --> Q17{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q17 -- YES --> Q18{If no risk of significant harm, make most appropriate referral(s)}
    Q17 -- NO --> Q19{If child at risk of significant harm use LSCB procedures www.4LSCB.org.uk}
    Q19 --> Q20{Contact relevant drug/alcohol, learning disability or mental health service or deliver relevant intervention}
    Q20 --> Q21{Agree joint assessment, future joint work, management & review of both child & adult problems}
    Q18 --> Q21
    Q21 --> Q22{Refer to Children's Services}
    Q22 --> Q23{Contact service & liaise re: joint working & support plan for child(ren) & adult(s)}
    Q23 --> Q24{YES}
    Q23 -- NO --> Q25{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q24 --> Q25
    Q25 --> Q26{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q26 -- YES --> Q27{If no risk of significant harm, make most appropriate referral(s)}
    Q26 -- NO --> Q28{If child at risk of significant harm use LSCB procedures www.4LSCB.org.uk}
    Q28 --> Q29{Contact relevant drug/alcohol, learning disability or mental health service or deliver relevant intervention}
    Q29 --> Q30{Agree joint assessment, future joint work, management & review of both child & adult problems}
    Q27 --> Q30
    Q30 --> Q31{Refer to Children's Services}
    Q31 --> Q32{Contact service & liaise re: joint working & support plan for child(ren) & adult(s)}
    Q32 --> Q33{YES}
    Q32 -- NO --> Q34{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q33 --> Q34
    Q34 --> Q35{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q35 -- YES --> Q36{If no risk of significant harm, make most appropriate referral(s)}
    Q35 -- NO --> Q37{If child at risk of significant harm use LSCB procedures www.4LSCB.org.uk}
    Q37 --> Q38{Contact relevant drug/alcohol, learning disability or mental health service or deliver relevant intervention}
    Q38 --> Q39{Agree joint assessment, future joint work, management & review of both child & adult problems}
    Q36 --> Q39
    Q39 --> Q40{Refer to Children's Services}
    Q40 --> Q41{Contact service & liaise re: joint working & support plan for child(ren) & adult(s)}
    Q41 --> Q42{YES}
    Q41 -- NO --> Q43{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q42 --> Q43
    Q43 --> Q44{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q44 -- YES --> Q45{If no risk of significant harm, make most appropriate referral(s)}
    Q44 -- NO --> Q46{If child at risk of significant harm use LSCB procedures www.4LSCB.org.uk}
    Q46 --> Q47{Contact relevant drug/alcohol, learning disability or mental health service or deliver relevant intervention}
    Q47 --> Q48{Agree joint assessment, future joint work, management & review of both child & adult problems}
    Q45 --> Q48
    Q48 --> Q49{Refer to Children's Services}
    Q49 --> Q50{Contact service & liaise re: joint working & support plan for child(ren) & adult(s)}
    Q50 --> Q51{YES}
    Q50 -- NO --> Q52{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q51 --> Q52
    Q52 --> Q53{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q53 -- YES --> Q54{If no risk of significant harm, make most appropriate referral(s)}
    Q53 -- NO --> Q55{If child at risk of significant harm use LSCB procedures www.4LSCB.org.uk}
    Q55 --> Q56{Contact relevant drug/alcohol, learning disability or mental health service or deliver relevant intervention}
    Q56 --> Q57{Agree joint assessment, future joint work, management & review of both child & adult problems}
    Q54 --> Q57
    Q57 --> Q58{Refer to Children's Services}
    Q58 --> Q59{Contact service & liaise re: joint working & support plan for child(ren) & adult(s)}
    Q59 --> Q60{YES}
    Q59 -- NO --> Q61{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q60 --> Q61
    Q61 --> Q62{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q62 -- YES --> Q63{If no risk of significant harm, make most appropriate referral(s)}
    Q62 -- NO --> Q64{If child at risk of significant harm use LSCB procedures www.4LSCB.org.uk}
    Q64 --> Q65{Contact relevant drug/alcohol, learning disability or mental health service or deliver relevant intervention}
    Q65 --> Q66{Agree joint assessment, future joint work, management & review of both child & adult problems}
    Q63 --> Q66
    Q66 --> Q67{Refer to Children's Services}
    Q67 --> Q68{Contact service & liaise re: joint working & support plan for child(ren) & adult(s)}
    Q68 --> Q69{YES}
    Q68 -- NO --> Q70{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q69 --> Q70
    Q70 --> Q71{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q71 -- YES --> Q72{If no risk of significant harm, make most appropriate referral(s)}
    Q71 -- NO --> Q73{If child at risk of significant harm use LSCB procedures www.4LSCB.org.uk}
    Q73 --> Q74{Contact relevant drug/alcohol, learning disability or mental health service or deliver relevant intervention}
    Q74 --> Q75{Agree joint assessment, future joint work, management & review of both child & adult problems}
    Q72 --> Q75
    Q75 --> Q76{Refer to Children's Services}
    Q76 --> Q77{Contact service & liaise re: joint working & support plan for child(ren) & adult(s)}
    Q77 --> Q78{YES}
    Q77 -- NO --> Q79{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q78 --> Q79
    Q79 --> Q80{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q80 -- YES --> Q81{If no risk of significant harm, make most appropriate referral(s)}
    Q80 -- NO --> Q82{If child at risk of significant harm use LSCB procedures www.4LSCB.org.uk}
    Q82 --> Q83{Contact relevant drug/alcohol, learning disability or mental health service or deliver relevant intervention}
    Q83 --> Q84{Agree joint assessment, future joint work, management & review of both child & adult problems}
    Q81 --> Q84
    Q84 --> Q85{Refer to Children's Services}
    Q85 --> Q86{Contact service & liaise re: joint working & support plan for child(ren) & adult(s)}
    Q86 --> Q87{YES}
    Q86 -- NO --> Q88{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q87 --> Q88
    Q88 --> Q89{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q89 -- YES --> Q90{If no risk of significant harm, make most appropriate referral(s)}
    Q89 -- NO --> Q91{If child at risk of significant harm use LSCB procedures www.4LSCB.org.uk}
    Q91 --> Q92{Contact relevant drug/alcohol, learning disability or mental health service or deliver relevant intervention}
    Q92 --> Q93{Agree joint assessment, future joint work, management & review of both child & adult problems}
    Q90 --> Q93
    Q93 --> Q94{Refer to Children's Services}
    Q94 --> Q95{Contact service & liaise re: joint working & support plan for child(ren) & adult(s)}
    Q95 --> Q96{YES}
    Q95 -- NO --> Q97{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q96 --> Q97
    Q97 --> Q98{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q98 -- YES --> Q99{If no risk of significant harm, make most appropriate referral(s)}
    Q98 -- NO --> Q100{If child at risk of significant harm use LSCB procedures www.4LSCB.org.uk}
    Q100 --> Q101{Contact relevant drug/alcohol, learning disability or mental health service or deliver relevant intervention}
    Q101 --> Q102{Agree joint assessment, future joint work, management & review of both child & adult problems}
    Q99 --> Q102
    Q102 --> Q103{Refer to Children's Services}
    Q103 --> Q104{Contact service & liaise re: joint working & support plan for child(ren) & adult(s)}
    Q104 --> Q105{YES}
    Q104 -- NO --> Q106{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q105 --> Q106
    Q106 --> Q107{Assess impact of drug/alcohol, learning disability, mental health problem on parenting or unborn child. Are there concerns? Discuss with manager/supervisor/safeguarding lead}
    Q107 -- YES --> Q108{If no risk of significant harm, make most appropriate referral(s)}
    Q107 -- NO --> Q109{If child at risk of significant harm use LSCB procedures www.4LSCB.org.uk}
    Q109 --> Q110{Contact relevant drug/alcohol, learning disability or mental health service or deliver relevant intervention}
    Q110 --> Q111{Agree joint assessment, future joint work, management & review of both child & adult problems}
    Q108 --&gt
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Threshold:	1. Universal	2. Early Help	3. Targeted Early Help	4. Children's Social Care
The child or young person (including unborn):	Has needs met within universal provision. May need limited intervention within the setting to avoid needs arising.	Has additional needs identified within the setting that can be met within identified resources through a single agency response and partnership working	Has multiple needs requiring a multi-agency coordinated response.	Has a high level of unmet and complex needs or is in need of protection.
<p style="text-align: center;">  </p> <p style="text-align: center;">The following circumstances and key features are for guidance and should always be considered in respect of the impact on the child or young person</p>				
Circumstances and Key Features	<p>Developmental Needs Achieving learning targets Good attendance Meeting developmental milestones Has psychological well-being Socially interactive and skilled Ability to protect self and be protected</p> <p>Family and environment Supportive relationships Housed, good diet and kept healthy Supportive networks Access to positive activities</p> <p>Parents and carers Protected by carers Secure and caring home Receive and act on information, advice and guidance Appropriate boundaries maintained</p>	<p>Developmental Needs Absence / truancy from school Incidence of absence / missing from home Use of fixed term exclusions Risk of social exclusion Poor attachments Language and communication difficulties Reduced access to core needs Disability or additional special need Potential for becoming NEET Potential not to attain Slow in meeting developmental milestones Missing health checks/immunisations Minor health problems Early signs of offending / anti-social behaviour Underage sexual activity Early signs of drug/alcohol misuse Poor self-esteem Low level emotional/mental health issues</p> <p>Family and environment Young carers Poor parent/child relationships Children of prisoners / parents subject to community orders Bullying Poor housing and poor home environment impacting on child's health Community harassment / discrimination Low income affects achievement Parenting advice needed to prevent needs escalating Poor access to core services Risk of relationship breakdown Concerns about possible domestic abuse</p> <p>Parents and carers Inconsistent care arrangements Poor supervision by parent/carer Inconsistent parenting Poor response to emerging needs Historic context of parents/carers own childhood</p>	<p><i>Despite intervention at 2, evidence of continuing .</i></p> <p>Developmental Needs Persistent absence from school Missing from school / home regularly with no explanation Permanent exclusions/no school place Social exclusion Poor attachments No access to core services Significant disabilities NEET Developmental milestones not being met due to persistent parental failure/inability Chronic/recurring health problems Regular missed appointments affecting developmental progress Teenage pregnancy Drug/alcohol misuse impacting negatively Risky sexual behaviour (e.g. unprotected sex) Offending / anti-social behaviour resulting in risk of entering Youth Justice System Emotional / mental health issues</p> <p>Family and Environment Housing tenancy at risk Community harassment / discrimination Domestic abuse Relationship breakdown Transient families</p> <p>Parents and Carers Parental learning or physical disability, substance misuse or mental health impacts on parenting Inconsistent care arrangements Poor supervision by parent/carer Inconsistent parenting Poor response to identified needs Historic context of parents/carers own childhood</p>	<p><i>Persistent/continued/severe</i></p> <p>Developmental Needs Chronic persistent absence, permanent exclusions or no school place that risks entry to the care system Persistent social exclusion Poor attachments Complex / multiple disabilities Complex mental health issues affecting developmental needs, including self harm High level emotional health issues and very low self-esteem Non-organic failure to thrive Sexually inappropriate behaviour Sexually aggressive behaviour Teenage parent/pregnancy under the age of 13 Sexual exploitation / abuse Drug/alcohol use severely impairing development Frequently missing from home resulting in self-neglect Relationship breakdown Offending and in the criminal justice system Unaccompanied minors</p> <p>Family and environment Suspicion of physical, emotional or sexual abuse or neglect Domestic abuse resulting in child being at risk of significant harm Homeless child/young person Family intentionally homeless Community harassment/discrimination Extreme poverty affecting child well-being Forced marriage, Honour Based Violence, Female Genital Mutilation</p> <p>Parents and carers Edge of care Parental encouragement of abusive/offending behaviour Continuing poor supervision in the home Parental non-compliance / disguised non-compliance or co-operation Inconsistent parenting affects child's developmental progress Private fostering</p>
What do I do next?	Go direct to service or search the http://www3.hants.gov.uk/supportingfamilies.htm	Consider Early Help checklist and commencement of early help assessment Referral to agency for support to meet identified need. For further advice or guidance in respect of early help, contact your locality team.	Early Help assessment. If you require advice or guidance in respect of the child or young person's needs, telephone Childrens Reception team on 0300 555 1384	Contact Children's Reception team on 0300 555 1384 or Police 999 if at immediate risk.
Level of Assessment	No formal assessment	Early help checklist / commencement of Early help assessment	Early help assessment and plan	Child and Family assessment and plan

Children's Reception Team: 0300 555 1384

Out of Hours: 0300 555 1373

Emergencies: 999

Inter Agency Referral form for Hampshire Childrens Services and Isle of Wight Childrens Services

Use this form whenever you are contacting us to report child welfare or safeguarding concerns.

All immediate safeguarding concerns should be made initially by telephone on the Children's Services Professionals line 01329 225379 or by email to csprofessional@hants.gov.uk. Professionals on the Isle of Wight should call 0300 300 0901 or email iowcsprofessional@hants.gov.uk. Calls to the Children's Services Professionals line number will be automatically redirected to the Out of Hours Service outside normal office hours.

Please have a completed referral form to hand. In circumstances where this is not possible a referral form should follow ASAP.

The 4LSCB safeguarding procedures will provide you with further guidance on your duty to refer.

About you

Name (required) *

Role (required) *

Organisation (required) *

Consent to sharing information

Referrals to Children's Services should be made with the knowledge and agreement of the family members being referred. The exception to this is when seeking consent to share information would put a child, young person or others at risk of significant harm, or if it would undermine the prevention, detection or prosecution of a serious crime.

They need to know what information has been shared and stored by Children's Services. They must also be aware that Children's Services may need to share information with, and to seek information from other agencies to help them decide if additional services are needed, e.g., schools, health visitors, doctors, police, housing etc.

For the full referral form go to: [Hants Web](#)

Name of victim:

Date:

Restricted when complete

SafeLives Dash risk checklist for use by Idvas and other non-police agencies² for identification of risks when domestic abuse, 'honour'- based violence and/or stalking are disclosed

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.	YES	NO	DON'T KNOW	State source of info if not the victim (eg police officer)
Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right hand column 1. Has the current incident resulted in injury? Please state what and whether this is the first injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you afraid of? Is it further injury or violence? Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends? Is, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from [name of abuser(s)] within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you? Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has [name of abuser(s)] ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

² Note: This checklist is consistent with the ACPD endorsed risk assessment model DASH 2008 for the police service.

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RESTRICTED / OFFICIAL

Combined Risk Form

Form No.

This form is to be shared with external agencies
 Please do not use police jargon or abbreviations as they may not be fully understood

Guidance

Use the buttons on the menu to people to the relevant sections. When complete, press the validation button to check this form for errors. Remember, this form must be submitted and tasked to the relevant MASH inbox prior to the end of duty.

Referring officer details

Occurrence number	Incident date and time	at
Officer rank & surname	Police station	
	Telephone number	

Type of incident / referral

<input type="checkbox"/> Child at risk	<input type="checkbox"/> Adult at risk	<input type="checkbox"/> DASH
--	--	-------------------------------

A PERSONS AT RISK**Child at risk 1**

First name(s)	Surname
Also known as	Date of birth
Gender	- select -
School	Westover School <input type="checkbox"/> Does not attend
GP / surgery	<input type="checkbox"/> Not known
Normal address	
Was the child spoken to by police?	Yes - seen <input type="checkbox"/> Location <input type="checkbox"/> - select - With who <input type="checkbox"/> - select - Children should be seen and spoken to during police attendance if at all possible
Was the child missing?	- select - Date from <input type="text"/> Time from <input type="text"/> Date to <input type="text"/> Time to <input type="text"/>
RMS marker to show child on CP plan?	- select - If yes, name of social worker <input type="text"/>

Adult at risk 1

First name(s)	Surname
Also known as	Date of birth
Gender	- select -
Occupation	<input type="checkbox"/> Unemployed
GP / surgery	<input type="checkbox"/> Not known
Normal address	
Telephone number	Responsibility for a child? <input type="checkbox"/> - select -

B SAFE CONTACT DETAILS



Mental Health

FORM:

Inter-agency referral form.

POLICY/PROCEDURE:

4 LSCB Working Protocol: Parts: 1-2-3

The Care Act 2014

Working Together to Safeguard Children 2018.

AGENCY:

M.A.S.H. CAHMS.

TELEPHONE:

0300 555 1384 HCS – 24hrs or **999** Emergency.

WEBSITE:

<https://www.mind.org.uk>

<http://www.hampshiresafeguardingchildrenboard.org.uk>.



Domestic Abuse

<u>FORM:</u>	Inter-agency referral form DASH Risk Assessment within PPN1.
<u>POLICY/PROCEDURE:</u>	4 LSCB Working Protocol: Parts: 1-2-3-4-5 The Care Act 2014 Working Together to Safeguard Children 2018. HDAP Referral Pathway.
<u>AGENCY:</u>	M.A.S.H / IDASH/ C.A.R.T. <i>(if DA noted then will be fast tracked to MASH).</i>
<u>TELEPHONE:</u>	HCS 0300 555 1384 – 24hrs or 999 Emergency IDASH : 0330 0165 112.
<u>WEBSITE:</u>	http://www.hampshiresafeguardingchildrenboard.org.uk http://www.safelives.org.uk .



Substance Misuse

FORM:

Inter-agency referral form.

POLICY/PROCEDURE:

4 LSCB Working Protocol **Part 1-2-3-4**
The Care Act 2014
Working Together to Safeguard Children 2018.

AGENCIES:

C.A.R.T/M.A.S.H. Inclusion/Catch22 **from 01/07/18.**

TELEPHONE:

0300 555 1384 HCS – 24hrs or **999** Emergency.

WEBSITE:

<http://www.hampshiresafeguardingchildrenboard.org.uk>

<https://www.hants.gov.uk/socialcareandhealth/adultsocialcare/alcohol>



Hampshire
County Council

Making Connections (IOW) Ltd. 2018

EXERCISE 3



SCENARIOS:

In your groups, research the topic you have been given and see if you can find the following:

- a. Identify what, if any, safeguarding concerns, there are, with who and what are they
- b. Discuss what the most appropriate pathway may be.
- c. Practically, what will you do next for them?

Reflect and make a difference



Process and Procedure



Name one thing you learnt today, that you didn't know before you came here?

Culture



Share an idea you will take to make a difference in your work space.