



**See the Adult, See the Child Practice Guidelines**

**Multi-agency Practice Guidelines for the  
Assessment, Support and Case Management  
of Families**

Version	7
Review Date	January 2017
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## 1. CONTEXT

### **“Safeguarding children is everybody’s business”, The Lord Laming**

Most parents and carers have the capability to provide good or good enough parenting for their children most of the time. However, sometimes parents will have needs of their own that may impact on their capacity to parent their child. This practice guidance supports early intervention work that can make a real positive difference to the outcomes for children and their families. The value and importance of this multi-agency early intervention work, and the shared responsibility for its provision, is recognised and supported by The Munro Review 2011 (*Munro, E. The Munro Review of Child Protection. Final Report. Department for Education*).

Family support, safeguarding and child protection: while the principles of child protection are generally familiar, the principles of safeguarding go one step further. The term safeguarding encourages a wider, more preventative approach to meet the needs of children. This involves agencies working more closely together in an attempt to prevent problems before they reach crisis point (HM Government, 2006).

This multi-agency guidance has been written for any staff or volunteers working with people whose complex problems might impact on their ability to care for children and for those working with children whose parents or carers have those complex problems.

**All practitioners and managers involved with service provision need to be mindful of their professional responsibility to ensure that if they are made aware of or they identify an adult or child who appears to require services that they cannot provide, then they take the appropriate action to initiate a holistic assessment for service. This is irrespective of whether or not the adult or child concerned is the person to whom they are providing a service.**

The guidance promotes a move away from a culture and system of: “I only work with adults” or “I only work with children”.

This guidance is intended as an overarching guide that informs practice related to local guidance, procedure and tools: You may also wish to refer to:

[South West Child Protection Procedures](#)

or [Policy and Procedures for Safeguarding Adults in Swindon](#)

If your concerns are about immediate neglect or harm to a child, contact either the police or Multi Agency Safeguarding Hub **01793 466903**

## 2. INTRODUCTION

Mental health issues will affect 1:4 adults during their lives according to government figures. Many parents/carers experiencing mental health issues also have issues regarding substance misuse. National research has shown that the children of parents with mental health problems are more likely to require services and support as children in need, are more likely to experience health problems or developmental delay, and may even require alternative care at

times. In a few, exceptional cases, mentally ill parents will not be able to care safely for their children and the children will be exposed to abuse (potentially fatal in extreme cases) without appropriate protection. Falkov's study of 100 child deaths identified parental psychiatric disorder in one third of cases (Falkov A – Fatal Child Abuse and Parental Psychiatric Disorder Department of Health 1996)

The Hidden Harm document 2003 (Advisory Council on the Misuse of Drugs) identified that the impact on those children/young people of substance using parents/carers was significant. The document estimates that the number of children/young people affected by this is 250,000-350,000 for England, Wales and Scotland. Of this figure 200,000 – 300,000 are in England and Wales alone.

Hidden Harm states that “parental problem drug use can and often does compromise children’s health and development at every stage from conception onwards”. The adverse consequences for children are typically multiple and cumulative and will vary according to the child’s stage of development. They include failure to thrive, blood-borne virus infections, incomplete immunisation and otherwise inadequate healthcare, a wide range of emotional, cognitive, behavioural and other psychological problems; early substance misuse and offending behaviour and poor educational attainment.”

The parenting capacity of parents with learning difficulty, disability or offending behaviour is likely to be reduced. It should be noted that a combination of additional needs in the parent could significantly decrease the capacity.

This document provides guidance for professionals working with both adults and children on working together to provide a seamless service that addresses the needs of families. However the child’s needs and safety are paramount and in the event of concerns about a child’s safety, the South West Child Protection Procedures – Managing Individual Cases, must be followed [www.swcpp.org.uk](http://www.swcpp.org.uk)

### **3. PURPOSE**

- To safeguard and promote the welfare of children and young people, including young carers, whose lives are affected by parents/carers using drugs/alcohol or by parents/carers with mental health problems, learning disabilities, domestic abuse or other complex problems.
- To promote effective communication between adult drugs/alcohol, mental health, learning disability, primary health care, other services and Children’s Services
- To set out good practice for the services involved to enable working together in the assessment and care planning for families with problematic substance use, mental health, learning disability or other complex problems and to ensure their full participation in the process wherever possible.

This protocol sets out a framework of good practice for professionals and managers at all levels when working together with these vulnerable families and is consistent with the [Swindon Local Safeguarding Children Board](#) and [Swindon Local Safeguarding Adults Board procedures](#)

To note, for the purposes of this protocol the term 'parent' refers both to biological parents and parent figures (stepfathers, carers, cohabitantes etc.). However it is noted that reference to parental responsibility always needs to be made. The term 'children' refers to those aged 0-18 years of age. The needs of unborn babies must also be considered. See [SWCPP Unborn Baby Protocol](#)

#### 4. SERVICE PRINCIPLES

There is a duty **ON ALL PROFESSIONALS IN ALL SERVICES** to give paramount consideration to the welfare and safety of children and adults at risk and to ensure that early intervention takes place.

Central to the development of this guidance is the premise that the provision of appropriate support services to parents reduces the likelihood of difficulties for children in the family. It is important to assess the needs of all family members and to adopt a whole family approach to assessment. Appropriate plans and services are required to meet the assessed needs and should be based on the principles listed below:

1. The welfare and safety of children is paramount;
2. Early identification of need (including risks) is beneficial to both children and parents;
3. Children are usually best brought up within their own families and support should be provided to enable this wherever possible;
4. Under the Human Rights Act parents have the right to respect for their family life and should be encouraged, empowered and supported in this;
5. Many parents with mental health problems and/or substance misuse issues and/or disability and/or learning difficulties successfully care for their children with the support of family and friends. It is the **behaviour** of a parent with these issues that is significant, not their diagnosis;
6. Even those children whose other parent is able to support them can feel overwhelmed with a sense of responsibility for the well-being of **both** parents. These children will have needs some of which are similar to those of young carers in other caring situations;
7. Professional activity must be directed to supporting families and building on the strengths within the family; this needs to be within the framework of protecting children from harm;
8. Professionals should be honest/clear with families when they have safeguarding concerns and the action they need to take;
9. There must be inter-agency working across boundaries to ensure multi-agency assessment and planning; across services for adults and children/young people, as well as between services for children/young people and between services for adults;
10. Special attention needs to be given to the potential needs/risks of unborn babies. However, it must also be recognized that parents in this situation may be reluctant to identify the issues because of the fear of losing their children and because of the stigma associated with social care services;

11. There must be appropriate professional confidentiality and respect for service users and carers within the context of effective information sharing;
12. Diversity must be valued and appreciated. Anti-discriminatory practice is embedded in all service engagement;
13. Service intervention delivered is based on assessed need and risks of both parent and child; and
14. Professionals should be aware of the co-morbidity of parental issues such as mental health issues, learning disability, drug and alcohol misuse, physical/sensory disability with domestic abuse and the associated stigma that parents may feel which is likely to affect their ability to discuss their concerns openly.

## **5. A JOINT APPROACH TO ASSESSMENT AND CASE MANAGEMENT**

The aim of working together is to address the problems created by professionals working in isolation and sometimes even working at cross purposes with their colleagues in other agencies. The complimentary perspectives of children and families and adult services professionals are essential if a holistic and comprehensive service is to be provided to families.

The success of shared practice development depends on achieving a shared vision and understanding of the needs and the services to be developed. There must be consideration of the requirements for information sharing and for confidentiality in line with government guidance. The views of service using parents/carers and children/young people are also to be considered in implementing and building upon this protocol. Ultimately assessing and managing levels of concern and implementing the protocol will always require professional judgment and decision-making in the context of robust supervision/management.

This guidance sets out to establish a framework at operational level in Swindon for how and when children's and mental health/alcohol and substance misuse/Community Team for People with Learning Disabilities/ Probation/Domestic Abuse services must work closely together and address issues of:

- The appropriate sharing of information about the needs of parents and children within agencies and across agency boundaries; and
- The joint assessment of families' needs by professionals from adult and children's services.

There are already established models in Swindon of working across agency boundaries for particular user groups: e.g. 'Working Together to Safeguard Children 2013', and ' South West Child Protection Child Procedures and Guidance', Integrated Locality Teams, for children's services. The Policy and Procedures for Safeguarding Adults at Risk will also need to be referred to as appropriate.

### **5.1. REFERRAL/CONCERN ON AN EXISTING CASE**

When working with parents who have additional needs, professionals will assess whether the needs of children are being met, and whether the parents have the capacity to meet those needs. These may change for better or worse at different times.

## 5.2. WHERE THERE IS A NEW REFERRAL/NEW CONCERN

- Staff in the adult teams and in children's services should identify within their own service any case where a service-using adult has parental responsibilities.
- Consent must be sought from the family to establish whether the family is known to other services and to discuss whether any information needs to be shared.
- There is no need for parental consent if there are child protection concerns although parents should be informed that information will be shared.
- The exception to this is where to do so:
  - would put that child, or young person or others at increased risk of significant harm;
  - would put an adult at risk of serious harm where an adult to be assessed for care and support is known to lack capacity;
  - would undermine the prevention, detection or prosecution of a serious crime; and
  - might lead to interference with any potential investigation.
- Where there are concerns about the needs of a parent and/or about their parenting and their parenting capacity, these issues will be approached jointly by the appropriate adult services.
- There has to be a shared response initially about risk and safety for either the parent or child.
- Different levels of response will be required depending on the urgency or significance of the needs or concerns.
- These can be represented as four levels of need/urgency described below.

### 5.3. ASSESSMENT AND PLANNING: WORKING TOGETHER ACCORDING TO LEVEL OF CONCERN/NEEDS

Following initial enquiries it will almost certainly be necessary to undertake an assessment, and staff should work together in the interests of the family.

Many families will require support and assistance, especially where there are children under 5 years old. For children's services such work will be an integral and required part of the **Integrated Working Guidance**; there is enormous benefit to be gained from sharing concerns regarding particular families; the Common Assessment must be used to inform subsequent assessments. Where children and families fall below the threshold of Children's Social Care the **Early Help Record & Plan** is used.

**Consultation with Adult Services should always be undertaken if the level of need is unclear.**

However, the following Key Principles for Assessment and Eligibility for Adult Services should be referenced:

- Promoting wellbeing is fundamental to Swindon's approach and is of paramount importance at every stage of the assessment and eligibility process;
- The individual is best placed to judge their own wellbeing and know their own outcomes and goals;
- The individual's wishes, feelings and beliefs are central to Swindon's system of assessment;
- Preventing or delaying the development of needs for care and support and reducing needs that already exist is at the heart of our approach;
- All decisions are based on the individual's circumstances and every effort will be made to understand each individual's needs and goals;
- The individual will be given every opportunity to participate as fully as possible;
- Individuals' needs will be considered in the context of their family and support network; and
- People will be protected from abuse and neglect. This falls under Adult Safeguarding.

The Local Authority has a statutory duty to make enquiries or cause them to be made when an adult in need for Care and Support is experiencing abuse or is at risk of it, and is unable to protect themselves from the abuse or neglect (or risk of it) as a result of their care needs.

The Care Act Guidance places a high importance on "Making Safeguarding Personal". This is where safeguarding teams need to ensure that the person who is subject of a safeguarding concern is enabled to participate in all stages and where possible, is able to inform on how and if the case should progress. Where there are substantial difficulties in engaging in the process (or there is no one suitable to represent them), independent advocacy needs to be provided. There may be

exceptional circumstance where it will not be possible to apply the Making Safeguarding Personal principles. For example, where a concern could indicate a crime has been committed, or where by involving the adult too early could put them at further risk, or where a person is assessed to lack capacity to consent to the Safeguarding process.

**Levels of Need: Children & Young People** – see also Swindon Multi Agency Thresholds Guidance

#### **Level 4:**

At the most urgent/severe level of need/concern/risk there will be a joint assessment by both Children and Families and Adult professionals working closely together. Wherever possible they will visit the family together and develop and review plans together. This will best facilitate a shared vision and clear, speedy response. A joint planning meeting, case review and/or child protection conference will be required, with co-ordination of services thereafter. An Adult at Risk Strategy Meeting may be considered.

#### **Level 3:**

Services working with children and adult professionals can make joint or separate assessments of needs/concerns by negotiation, but will co-operate to produce a shared/joint view of the situation and to formulate plans of what support is required to address the needs/concerns. If a child is thought to be a Child in Need then a decision will be made within 24 hours as to whether an Initial Assessment is appropriate. If it is, then the Initial Assessment will be completed within 7 working days. This may then identify needs that can be met by specialist services with packages of support. Joint planning with adult professionals at this juncture is critical.

If an Initial Assessment is not appropriate, agencies would undertake an Early Help Record and Team Around the Child (TAC) as appropriate for discussion and joint planning. The template and guidance for this are available on:

<http://schoolsonline.swindon.gov.uk/sc/iwg/Pages/Home.aspx>

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## Level 2:

After initial consultation professionals will decide together who can most appropriately assess the needs of the family, e.g. for supportive services for the parent, or family support such as day care. In some cases it will still be necessary to co-ordinate activities/referrals to other services.

It may be appropriate for an Early Help Record to be completed and a Team Around the Child (TAC) requested so that joint multi agency planning can take place around the needs of the child. The TAC will then bring together adult agencies and children's agencies. Any agency can complete the Early Help Record. The template and guidance for this are available on

<http://schoolsonline.swindon.gov.uk/sc/iwg/Pages/Home.aspx>

## Level 1:

These parents will be assessed as functioning adequately and caring appropriately for their children supported by universal/primary care services and family/friends networks. An Early Help Record may have been completed based on some initial concerns for the child and found that needs have been met.

In all cases professionals must ensure that families affected by parental need are receiving, either through primary care/family support or from other services:

- Treatment and care for the parent;
- Support for the whole family on a holistic basis, to give them the knowledge and skills to be able to cope as a family;
- Listening to, and providing support for children so that they can make sense of what is happening and can reach appropriate milestones through to adulthood;
- Protection for children (in extreme cases even separation) when parenting is inadequate or abusive;
- Acknowledgment of how much responsibility children are taking or feel they are taking for their parent(s) and/or other family members and support for them in doing this.

**In any of these cases, however, there may be an adult carer or young carer in need of a separate carer's assessment/support.** In complex cases, where professionals are not able to reach a shared view, a meeting should be held to establish a way forward with the professionals from adult mental health/substance misuse and services working with the child. This would most likely be through a Team Around the Child (TAC) or through a Child in Need meeting with Children's Social Care if the child is a Child in Need. Workers must always seek consultation with their own line manager if they are ever unclear about the correct process to follow for children or adults.

The SWCPP Escalation Policy at

[http://www.proceduresonline.com/swcpp/swindon/p\\_escalation.html?zoom\\_highlight=escalation+policy](http://www.proceduresonline.com/swcpp/swindon/p_escalation.html?zoom_highlight=escalation+policy)

provides guidance on situations that arise when workers within one agency feel a decision made by a worker from another agency on a child protection or child in need case is not a safe decision. Disagreements could arise in a number of areas, but are most likely to arise around:

## **6. MANAGEMENT OF CHILD PROTECTION CONCERNS**

Professionals working with adults must be alerted to the possibility of safety or welfare issues for children in the family. Where there are concerns these must be shared promptly with:

1. The duty social worker for Children's Social Care so that a strategy can be developed, in consultation, for assessing/dealing with the concerns, with the least stress to the child(ren) and the mentally ill/substance misusing parent. The details of the referral should be confirmed in writing within 48 hours;
2. The professional's own line manager; and
3. Consultation with adult services where appropriate

## **7. MANAGEMENT OF PARENTAL NEEDS**

Professionals working with children and families must be alerted to the possibility of mental health issues/substance misuse issues/disability/learning difficulties/domestic abuse or any additional need in the parents they see. Where there are concerns these must be shared promptly with the appropriate adult team for their assessment and a strategy developed to deal with the concern, with the least stress to family members.

## **8. REPORTING ABUSE OF AN ADULT IN NEED OF CARE AND SUPPORT**

Safeguarding procedures are to support an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

If the adult is in immediate danger or in need of medical attention or if a crime has been committed contact the Emergency Services - Police and/or Ambulance Service.

The Multi-Agency Safeguarding Adults Referral Form should be used when abuse of a vulnerable adult has been discovered, suspected or disclosed.

Contact one of the following agencies depending on the circumstances:

- Adult Safeguarding Team: telephone 01793 463555
- Careline: telephone 0800 085 6666
- Safeguarding Adults Investigation Team (Police Team): telephone 01380 826350
- In an emergency, out-of-hours Emergency Duty Service: telephone 01793 436699
- Police out of hours: telephone 101

## **9. INTERAGENCY COLLABORATION**

In formulating joint assessments and planning for families, professionals need to acknowledge the significant role played by primary care services such as GPs, school nurses, learning disability nurses, health visitors, and by voluntary services. Wherever possible/relevant they should be included in joint planning meetings, including Team Around the Child (TAC) meetings, where for a child a lead professional will be allocated. As wide a range of relevant agencies/ professionals as possible should be included in plans to support parents/children. The lead professional of the TAC will need to work and review progress with the allocated lead professional for the parent. This would be the same through higher levels of intervention in the Child Protection Plan.

Attendance at Strategy/Planning meetings, Child Protection Conferences, Team Around the Child meetings, Care Programme Approach and Care Planning meetings, Adult Safeguarding meetings, Adult Risk Enablement Panel meetings, and other professional meetings is expected of any professional involved with a particular case. A collaborative approach is required from all professionals working with the adult and working with the child.

### Risk Enablement Panel

Within Adult Services, there is a Risk Management process which has been established to facilitate and develop risk management plans and monitor their effectiveness. A Risk Enablement Panel can be convened when the adult concerned is deemed to have mental capacity and:

- Who are at risk due to severe self-neglect/self-harm;
- With risk taking behaviours;
- Who are change resistant;
- Who refuse to engage with services;
- Who have experienced abuse by a third party but are not willing to engage in the safeguarding process or with services;
- Who are not willing to engage with eligible services;
- Who are 'frequent callers' to services; and
- When all other interventions have not produced an improvement in outcomes for the individual of concern.

## **10. INFORMATION SHARING AND CONFIDENTIALITY**

An effective, safe, and supportive service for children and families affected cannot be provided

without clear lines of communication between agencies and the exchange/sharing 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 a child or of an adult at risk. Consent to share or gather information must be sought unless a child's safety or the safety of the adult is at risk.

Professionals need to be aware of the need to maintain confidentiality within the bounds of safeguarding procedures while sharing information with relevant agencies. The Care Act Guidance reminds professionals that '*confidentiality must not be confused with secrecy*'.

National guidance on Information Sharing can be found at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419628/Information\\_sharing\\_advice\\_safeguarding\\_practitioners.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf)

Or at:

<http://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/>

## 11. PROFESSIONAL TRAINING AND GUIDANCE

### 11.1. Training

Practitioners from each service will require training. Programmes of **joint training** to provide the best opportunity for the exchange of views and for the development of the shared vision described earlier.

Training will provide;

- an understanding of the applicable legislation and guidance;
- opportunities to examine practice issues and develop good working relationships between services;
- awareness of child protection procedures for all staff and training to level 3 for safeguarding leads and managers in line with organisations' requirements;
- the Early Help Record and Team Around the Child (TAC) processes together with a need for early intervention;
- a basic understanding of child development for those in adult services in line with that for the children's workforce;
- a basic understanding of the impact on children when their parents have mental illness, mental health issues, substance misuse, disability, learning difficulties or are imprisoned.

Continuing staff training will be central to the effective operation of the protocol. This will need building into existing induction programmes across both adults and

children's services.

## 11.2. Guidance and Consultation

Safeguarding guidance on procedures and practice is available for children from **Working Together to Safeguard Children 2013**; specific local guidance is contained in **South West Child Protection procedures** [www.swcpp.org.uk](http://www.swcpp.org.uk) and Swindon Local Safeguarding Board [www.swindonlscb.org.uk](http://www.swindonlscb.org.uk) and for adults at Swindon Policy and Procedures for Safeguarding Adults.

All teams should have access to information on Care Pathways. Guidance about mental health issues can be sought from the appropriate Mental Health Team Manager for known cases, or from the Mental Health Service Duty Manager at PCLS at 01793 835787.

Likewise guidance about substance misuse issues can be sought from agencies as listed in the glossary in the appendices.

All children and adult workers need to be aware of the guidance from Swindon LSCB ["What to do if you are worried a child is being abused or neglected."](#)

## 11.3. Information

The Swindon LSCB Website provides a single point of reference for the following information:

- See the Adult, See the Child Practice Guidelines;
- Safeguarding Adults procedures;
- South West Child protection procedures;
- Duty access numbers, and key contacts;
- Thresholds Guidance;
- Child Protection Training;
- Domestic Violence and Abuse Training; and
- Information about services and support available to users, carers, children and young people, both within and outside the statutory services.

## **Appendix 1: See the Adult, See the Child Glossary**

**Acute** – A disorder or symptom that develops suddenly. Acute conditions may or may not be severe and they are usually of short duration.

**Assertive Outreach** – An active form of mental health treatment delivery; the service can be taken to the service users rather than expecting them to attend for treatment. Care and support may be offered in the service user's home or some other community setting, at times suited to the service user rather than focused on the service providers' convenience.

**Assessment** – A process to identify the needs of an individual and evaluate the impact of those daily needs on their daily living and quality of life.

**AWP** – Avon and Wiltshire Mental Health Partnership NHS Trust

**Care Act 2014** - Comprehensive adult legislation covering a wide range of areas including: assessment, eligibility, support planning and Adult Safeguarding

**Carers** – Relatives or friends who voluntarily look after individuals who are sick, disabled, vulnerable, frail or who have additional needs, on a part-time or full time basis.

**Child and Adolescent Mental Health Service (CAMHS)** – Individual and family work helping children and young people under the age of 18 who experience a mental health problem.

**Children Act 2004** – Sets out the agenda of Every Child Matters following on from the death of Victoria Climbié and The Laming Enquiry. The major push of the act being earlier intervention and greater information sharing through working together. It took forward the development of Children's Trusts bringing together education, social care, health and voluntary and community sector in joint planning, commissioning and delivery of services.

**Community Mental Health Team (CMHT)** – A team made up of a range of professionals offering specialist assessment, treatment and care to people, their families and carers, in their own homes and other community settings, under the Policy to Manage Care Pathways and Risk (including the Care Programme Approach - CPA – see reference in glossary). The team should include nurses, psychiatrists, social workers, clinical psychologists and occupational therapists, with ready access to other therapies and expertise.

**Counselling/Psychology** – Advice and psychological support from health professionals to help people deal with personal difficulties. It is used to address a variety of areas such as problems at school, work or in the family, and to help people to deal with addictions and provide support during life crisis. Most counselling is a one to one activity but it may also be carried out in groups. This can be accessed in a variety of settings e.g. health centres, GP surgeries, Family Centres and Secondary Services. (see reference in glossary).

**Care Programme Approach** – is systematic assessment, personal recovery and care planning and review of a mental health service user's needs, co-ordinated by a care co-ordinator.

**CGL Change Grow Live** - is a social care and health charity working with individuals, families and communities across England and Wales that are affected by drugs, alcohol, crime, homelessness, domestic abuse and antisocial behavior.

## **Clinical Commissioning Group (CCG)**

**Crisis** – A crisis is a sudden and intense period of severe distress.

**Crisis and Home Treatment Team (CHTT)** – Rapid response adult service to manage/limit the crises suffered by mental health service users and support people to remain at home.

**Dementia** – A condition characterised by deterioration of brain function. Dementia is almost always due to Alzheimer's disease or to cerebrovascular disease, including strokes. The main symptoms of dementia are progressive memory loss, disorientation and confusion.

**Depression** – A condition of mental disturbance, typically with lack of energy and difficulty in maintaining concentration or interest in life

**Domestic Abuse** - Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

**Dual Diagnosis** – Co existing conditions e.g. mental health and substance misuse, which may require responses from two services.

**Early Help Record** - The Early Help Record and Plan is the common process in Swindon for supporting children, young people and families with additional needs. It supports early intervention and a planned co-ordinated response. It replaces the Common Assessment Form.

**Early Intervention Service** – In Swindon called Relite - service for people experiencing their first episodes of psychosis.

**Emergency Duty Service (EDS)** – Out of hours social care emergency response to crisis for both children and adults.  
**Foundation Trusts** – NHS Foundation Trusts have been created to devolve decision making from central government to local organisations and communities so they are more responsive to the needs and wishes of their local people.

**Framework for Assessment (Dept of Health)** – A framework, consisting of three domains which provides a systematic way of understanding, analysing and recording what is happening to children and young people within their families and the wider context of the community in which they live.

**Functional Mental Health Problems** – A term for any mental health illness in which there is no evidence of organic disturbance (dementia) even though physical performance is impaired.

**Independent sector** – Voluntary, charitable and private care providers.

**Inpatient services** – Services provided, often by the NHS, where the patients/service users are accommodated on a ward and receive treatment there from specialist health professionals.

**Lead Professional** – When there is more than one person involved in the delivery of services for children/young people then one will take the lead and will be the key contact for the family. They are accountable for the completion of reviews to monitor progress.

**Learning Disability** - A condition giving rise to difficulties in acquiring knowledge and skills to the normal level expected of those of the same age.

**LSAB** – Local Safeguarding Adults Board

**LSCB** - Local Safeguarding Children's Board

**Mental Health** – An individual's ability to manage and cope with the stress and challenges of life and to manage any diagnosed mental health problems as part of leading their normal everyday life.

**Mental Capacity Act 2005** - applies to 16 years and over. Within a framework of fundamental principles defines methodology for establishing Mental Capacity which is always decision specific.

**NSF - National Service Frameworks** – A set of standards used by the Department of Health to establish core standards for service delivery. This enables service users/ carers to understand what can be expected in response to their assessed needs.

**Organic Illness** – An illness that effects physical functioning; could include brain function illnesses.

**Outpatient services** – Medical care on a same-day basis in a hospital or clinic.

**Patient Advice and Liaison Services (PALS)** – Advocates, complaints and management of the interface between services.

**Post Natal Depression** – Maternal anxiety and depression occurring during pregnancy and/or within a year of delivery. Maternal depression relates to a woman who is either pregnant or has been delivered a child within the preceding year and who has clinical depression as defined by ICD-10 (International Classification of Diseases). It is estimated that between 10-15% of mothers suffer with postnatal depression.

**Primary care** – Services provided by family doctors, dentists, pharmacists, optometrists and ophthalmic medical practitioners together with district nurses and health visitors, with administrative support.

**Primary care mental health services** – Primary care mental health services could include:

- Counselling services based in GP practices;
- Psycho-educational groups;
- Psychological therapies provided by graduate mental health workers;
- Access to computerised psychological therapies; and
- In-reach to primary care by community mental health teams.

**Psychiatric intensive care** – Services to support mental health users in a very severe acute phase of illness.

**Psycho-educational groups** – Group work (using psychological therapy techniques) to address mental and emotional problems, such as anxiety, depression, trauma and severe stress.

**Psychosis** – Impairment of a person's ability to think clearly and rationally. Symptoms of psychosis may include delusion (irrationally held false or unusual beliefs and paranoia) and hallucination (seeing or hearing things that are not there). A person experiencing psychosis may demonstrate disorganised speech, unusual behaviour, unusual emotional responses or unfounded fears.

**Psychotherapy or psychological therapies** – The treatment of mental and emotional problems - such as anxiety, depression and trauma - by psychological methods. Patients talk to a therapist about their symptoms and problems with the aim of learning about themselves.

**Rehabilitation** - A programme of therapy and re-enablement designed to restore independence and confidence and reduce disability. The programme may include occupational therapy to help with domestic and vocational skills that people need when they return to living independently.

**Secondary Services** – Targeted specialist services that are usually accessed through a referral process.

**Secure Mental Health Services for Adults** – Intensive rehabilitation service for detained mentally disordered offenders.

**Service users** – Patients are people who need health and social care for their mental health problems. They may be individuals who live in their own homes, are staying in care, or are being treated in hospital.

**Social care** – Personal care for vulnerable people, including individuals with special needs which stem from their age or physical or mental disability and children who need care and protection.

**Social inclusion** – The state whereby vulnerable or disadvantaged groups are able to access all the activities and benefits available to anyone living in the community.

**SWADS** – Swindon and Wiltshire Alcohol and Drug Service

**Team Around the Child (TAC) Team Around the Family (TAF)** – A multi-disciplinary meeting for a child/young person and their family where unmet needs have been identified through the Common Assessment. The worker identifying the unmet needs and completing the CAF will organise a meeting to discuss with the family and relevant workers a way forward. A multi-agency plan and allocation of a lead professional are agreed at the meeting.

## **Appendix 2: Parental Responsibility**

The Adoption and Children Act 2002 has made some changes to the law regarding parental responsibility. An unmarried father of a child whose birth is registered after 1 December 2003 obtains parental responsibility providing that he is named on the child's birth certificate.

An unmarried father of a child whose birth was registered before 30 November 2003 has the option to acquire parental responsibility through a voluntary agreement with the mother or a parental responsibility order. Through the Court he can additionally acquire parental responsibility through the methods outlined below.

Unlike the mother's parental responsibility, any parental responsibility given via an order can be ended by the court order being discharged.

A parental responsibility order gives the bearer of the order parental responsibility.

Parental responsibility can only be ended if the child is adopted or the order is discharged.

The only person who can apply for a parental responsibility order is the unmarried father of the child or a married step-parent.

Any person who obtains a residence or special guardianship order obtains parental responsibility for a child up to the age of 18 years, unless the order is discharged.

If the unmarried father marries the mother he will gain parental responsibility through the 'presumption of legitimacy' and would thus be ineligible to apply for the order.

An unmarried father is the man who has his name on the child's birth certificate. If a man not named on the birth certificate claims to be the child's unmarried father, a court may consider an application for a Section 4 parental responsibility order.

Mothers and fathers of children can give parental responsibility to unmarried fathers, or a married step-parent, through the use of a voluntary agreement. Once given, only a court can discharge this agreement.

The father, a married step-parent, anyone else with parental responsibility or the child can apply for this agreement to be discharged.

The local authority cannot apply for a father to have parental responsibility, although it might support or recommend it.

**Process for Children’s Social Care and Adult Social Care Assessment, planning and review for cases of parents who have a physical or mental impairment or illness, when there are concerns about the welfare of a child.**

