

FINAL

COUNTY DURHAM

PROTOCOL

FOR

WORKING TOGETHER

**IN THE DELIVERY OF SERVICES TO ADULTS
AND CHILDREN**

Revised Edition
January 2010

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INTRODUCTION

The 'County Durham Protocol for Working Together in the delivery of services to Adults and Children' has been revised, in recognition of the changing landscape in which services are currently delivered. For all services the drive to deliver services in a joined up and integrated way is well established, as is the need to "Think Family, Think Community". However in doing so it is essential that collaborative working is established throughout agencies at all levels and translated into effective practice on the ground.

This Protocol provides the framework for doing so, with the clear aim of formalising and facilitating "providers working together in the direct provision of services to individuals and family units"

This Protocol has been divided into three clear areas: Strategic Context, Procedural Guidance and Review. It is intended in this way, the protocol will provide clear guidance to workers, managers and agencies in order to achieve this aim.

1.1 STATEMENT of COMMITMENT

The partners to this protocol recognise that:

- The safeguarding and the promotion of the welfare of vulnerable members of the community whatever their age is a shared responsibility;
- Effective planning of services requires agencies and professionals to work in partnership with each other and with service users at a strategic level to ensure services are comprehensive, complimentary and co-ordinated;
- Effective service provision depends upon proficient information sharing; continued collaboration; understanding and mutual respect between agencies and professionals;
- Constructive relationships between individual practitioners need to be supported by a strong lead from elected and appointed authority members and the commitment of and leadership from chief officers and senior managers of partner organisations;
- Individual practitioners need to be facilitated in meeting their responsibilities under this protocol through the provision of appropriate training, adequate resources and high quality management support and supervision.

And agree to:

- Actively implement the protocol within their own agency by:
 - Promoting ownership of it at all levels
 - Ensuring dissemination to all staff
 - Agreeing a training programme
 - Monitoring implementation and compliance
- Ensure that staff are familiar with and adhere to the procedures set out in this protocol;
- Ensure that all service-specific procedures and guidelines are consistent with the principles of this protocol;
- Audit compliance to the protocol within their own agency.

1.2 SIGNATORIES

This protocol and the procedure it incorporates is applicable to all health, social care, educational and community statutory, private and voluntary sector services and organisations working in County Durham with children, adults and all vulnerable members of society and as such it has been formally considered by County Durham's Children's Executive Board.

The signatory partners to this protocol are all members of the Children's Trust as represented by County Durham Children's Executive Board.

This protocol has been formally ratified by the Children's Executive Board and signed on behalf of all Trust members.



David C Williams
Chair
Children's Executive Board

The members of the Children's Executive Board are:

David Williams	Corporate Director, Children & Young People's Services
Clare Vasey	Lead Member for Children & Young People
Carole Payne	Head of Strategic Commissioning
Anna Lynch	NHS County Durham / North East Strategic Health Authority
Kath Vasey	NHS Darlington (Provider)
Dr Kate Bidwell	Practice Based Commissioning

Chris Davis	Tees Esk & Wear Valley Foundation Trust
Debbie Bunford	County Durham & Darlington Foundation Trust
Chris Butler	Community of Interest of Voluntary Sector Organisation
Angie Hutchinson	Joint Chair of Community of Interest Group
Clr Garry Huntington	Durham Police Authority
Michael Barton	Durham Constabulary
Carina Carey	National Probation Service County Durham
Dr John A Readman	Headteacher representing Primary Schools
Gerard Moran	Headteacher representing Secondary Schools
Eric W Baker	Headteacher representing Special Schools
Gill Eshelby	County Durham Youth Offending Service
Janice Bray	County Durham Connexions
Christine Usher	Learning & Skills Council
Jon Clapham	Job Centre Plus
Carolyn Roberts	Durham & Chester-le-Street Local Children's Board
Bill Niblo	Durham Dales Local Children's Board
Gary Stokoe	Derwentside Local Children's Board
Kath Vasey	Easington Local Children's Board
Mandy Taylor	Sedgefield Local Children's Board
Gail Hopper	Chair of the Local Safeguarding Children's Board
Rachel Shimmin	Adult Wellbeing & Health Service
Ian Thompson	Regeneration & Economic Development Services
Terry Collins	Neighbourhood Services

1.3 AIMS & PRICIPLES

This protocol and the procedure it encompasses has been drawn up to formalise and facilitate providers working together in the direct provision of services to individuals (including both adults¹ and children²) and family units. And through doing so to:

- Promote best practice in all areas of inter-agency working
- Promote the appropriate uptake of services, the early identification of need and timely intervention to address unmet need
- Ensure effective communication and liaison between service providers and across service divisions

The protocol is applicable to all services provided to adults and children living in County Durham where the intention of that service is to promote, augment and safeguard the welfare and well being of its recipients.

It is founded in the recognition that there has been increasing division of providers into discrete specialist service units. This coupled with the growing complexity and volume of legislation and statutory and professional guidance particularly in the area of cross and intra-agency information sharing, have led to levels of uncertainty as to when, how and to what degree practitioners³ can and should collaborate with each other in the delivery of services to individuals and to families.

¹ Any adult over the age of 18 who may be eligible for community care services or may be at risk or dependent on another person through physical or mental disability or illness, learning disability, age, domestic violence, substance misuse or whose welfare is compromised by another adult

² For the purposes of this protocol the terms child/children are used to describe both children and young people under 18 years old

³ The individual who is employed by the service provider directly or indirectly (e.g. through external commissioning) to provide or cause to be provided a service. This term also refers to students on placement and volunteers.

PRINCIPLES

The protocol is based on the key principles that:

- In all situations the welfare and safety of the child is paramount even when this conflicts with the perceived interests of the parent or carer. This notwithstanding due consideration should be given to the needs of all family members;
- The safeguarding of vulnerable members of the community is a collective responsibility and all practitioners have a duty of care and responsibility to identify those who may be at risk and act appropriately;
- The management of risk including that involving the risk to both individuals (be they adults or children) and the risk to the wider community is a shared responsibility. As such all organisations and those employed by them have a professional duty to participate in the identification, assessment and management of risk.
- All organisations and practitioners have a duty of care to services users⁴ to share information with others both within and outwith their organisation when to do so would promote the welfare of either the service user and any other individual, be it an adult or child.
- Adults and children should be assessed for services in a holistic manner and not in isolation from their family or social context;
- Early intervention and support can provide better outcomes for service users by reducing risk and preventing the need for more intensive or compulsory intervention.

The protocol is intended to provide a simple procedural framework that clearly sets out the expectation by all agencies that their staff will work collaboratively with those from other services as a matter of routine and within that collaboration share relevant information to the extent necessary and always where to do so will serve to protect and enhance the welfare of those receiving services.

⁴ The individual who is the primary receiver or beneficiary of a service. The term 'service user' incorporates the terms 'patient' and 'client'.

1.4 RATIONALE

The signatories to this protocol provide a range of services to adults and children living in County Durham that are intended to promote the welfare and safety of their users.

It is recognised that in some situations adults and children in receipt of these services will either:

- Be living as part of the same family unit
or
- Have significant contact with each other by virtue of parental responsibility, legal order or extended family relationship/social network

And/or

- As individuals be in receipt of a range of services intended to meet different aspects of need.

In such circumstances, some level of structured interface and collaboration between those providing such services is identified as advantageous because:

- It is likely to lead to better outcomes for individuals and families;
- It promotes best practice through the co-ordination of assessments both of need and risk, through the co-ordination of planning, intervention and review processes and through the accurate and timely sharing of information;
- It facilitates the pooling of professional expertise and allows for differing professional perspectives;
- It promotes a more efficient use of resources.

In recognition that organisational, structural and cultural differences frequently militate against effective collaboration, the signatories have established this protocol as a means of ensuring that the adverse impact of any such differences are minimised.

1.5 The Information Sharing Framework Overview

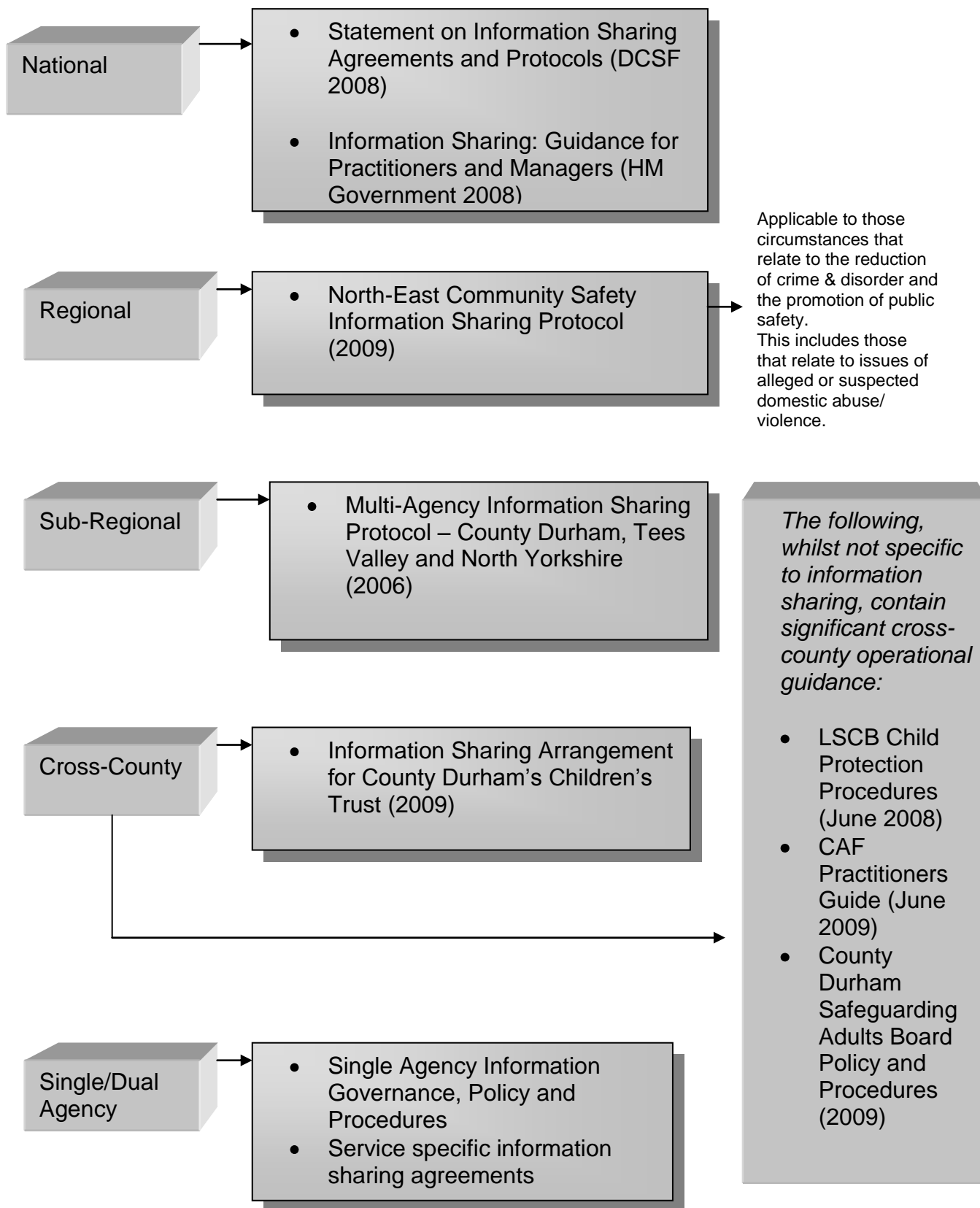
Central to successful collaborative working is the efficient and timely exchange of relevant information between and across provider services.

There are a range of agreements, protocols and guidance specifically on this matter at a national, regional, sub-regional, county and single agency level. These establish a framework, both strategic and operational, for when and how information about service users can and should be shared with other providers. This is illustrated in Figure 1 – Information Sharing Governance Framework.

It is recognised that the documents referred to in Figure 1, however comprehensive, do not remove the need for professional judgement in day-to-day decision making about when and when not to share information. The publication *Information Sharing: Guidance for practitioners and managers (HM Government 2008)* acknowledges this and sets out the basic tenants on which such decisions should be made. Within County Durham these are encapsulated in its '8 golden rules' and these should be applied to all decisions made regarding the sharing of information during the collaborative working process.

Figure 1

Information Sharing Governance Framework



1.6 Eight Golden Rules for Information Sharing

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

2. If there are concerns that a child may be at risk of significant harm or an adult at risk of serious harm, then it is your duty to follow the relevant procedures without delay. Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

3. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

4. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

5. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You should go ahead and share information without consent if, in your judgement, that lack of consent can be overridden in the public interest, or where a child is at risk of significant harm. You will need to base your judgement on the facts of the case.

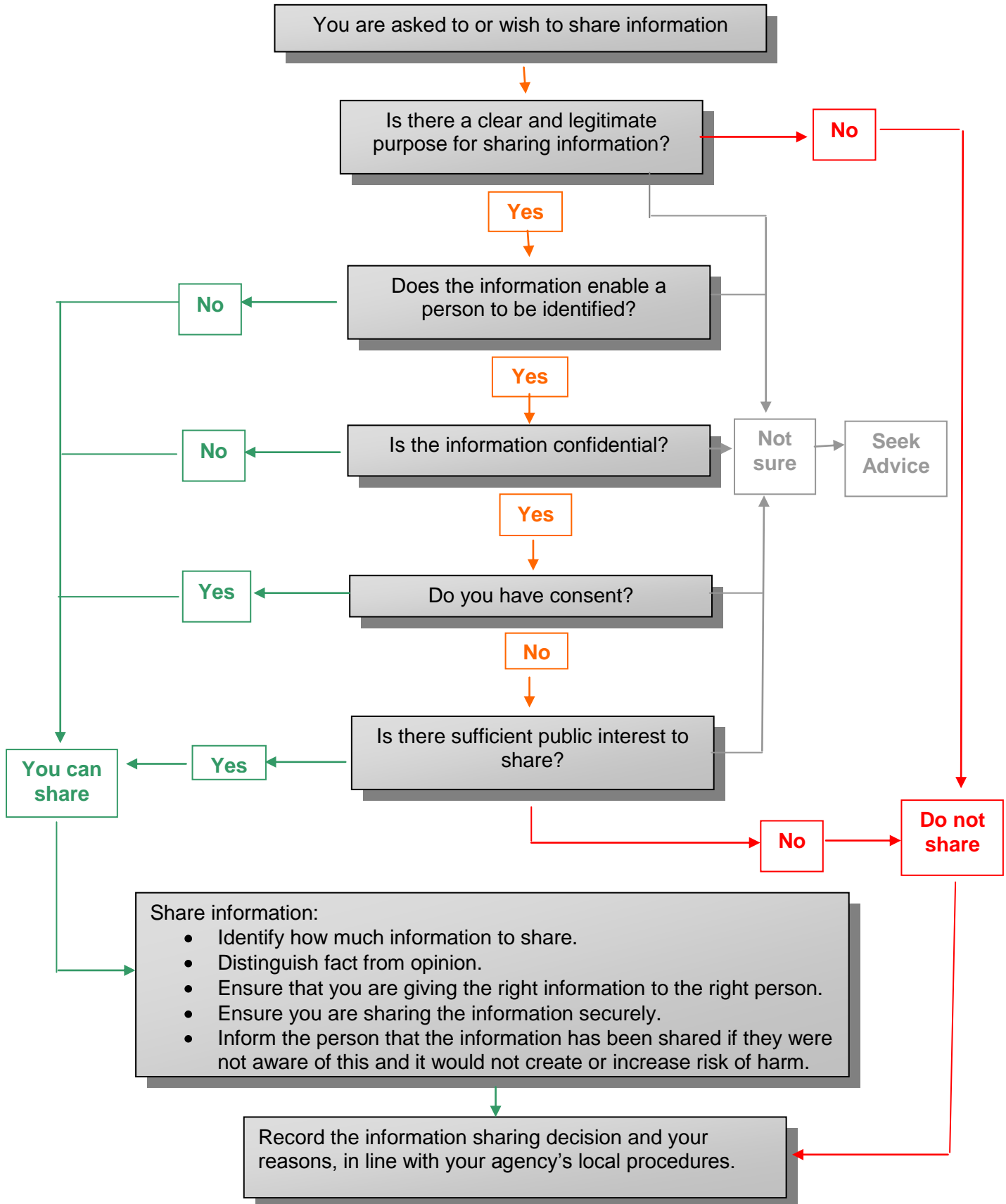
6. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

7. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

8. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Figure 2

Flowchart of Key questions for Information Sharing



If there are concerns that a child may be at risk of significant harm or an adult may be at risk of serious harm, then follow the relevant procedures without delay. Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

Part 2: PROCEDURES & PROCESSES

The following procedures section is divided in to four areas:

1. Guidance regarding when collaborative working will be required, what it may entail and what it must include.
2. The identification of and initial response to by practitioners to those situations that may require collaborative working.
3. The identification of and initial response to by practitioners to the unmet/ additional needs of service users and those of their family unit members.
4. The role of line managers and practitioners in the collaborative working process.

Service User Confidentiality

In applying these procedures to their day-to-day work, practitioners and their managers whilst being rightly mindful of the need to retain appropriate standards of confidentiality must always take into account that the need to protect the safety and welfare of others (including those employed by their own and other agencies) is **always** paramount over any perceived right of confidentiality of the service user.

Failure to disclose information to other agencies that would serve to protect any other person is not justifiable under any circumstances and liable to result in disciplinary measures.

2.1 Collaborative Working

Duty Of Care

Statutory agencies and all those they employ have a professional duty of care towards vulnerable members of society. This is enshrined in both legislation and in professional and ethical codes of conduct and reinforced by government guidance. In tandem with this is the requirement that service providers work together at all levels to ensure that duty of care obligations are fulfilled.

Traditionally this has been viewed almost entirely in terms of safeguarding children. However there has been a growing recognition underpinned by policy developments that the concept of duty of care and with it the need for collaborative working extends beyond the arena of child protection.

Professional duty of care is now seen to encompass both adults and children who are vulnerable not just to harm but also to their welfare being adversely effected without the provision of services.

As a consequence 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 an 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.

Situations That Require Collaborative Working

The duty of care responsibility also gives rise to an obligation to work collaboratively with others when:

- **Different services are being provided to one individual.**
- **Different services are being provided to different members of the same family unit or extended family network.**

NB it is not necessary for family members to be part of the same household to be considered as part of the same family unit. For example collaboration would be required in a case where a father was in receipt of mental health services and had contact with but was not living with a child in receipt of learning disability services.

Where such situations exist then some level of collaborative working must take place. However the nature and extent of such work will be dependent upon:

- Individual circumstances of the service user
- The nature of the services being provided and the type of provider
- The legal and procedural context in which services are being provided
- Local initiatives and agreements
- Service specific inter-agency agreements

Such working may include:

- Joint assessment (including risk assessment)
- Joint planning and review
- Joint service provision/funding
- Co-working

It **must** include:

- Robust mechanisms for the timely and efficient exchange of information.
- The routine and timely sharing of risk management plans.
- Routine and sustained communication including processes for the notification of significant events including but not limited to case transfer, withdrawal of or from the service and case closure.

2.2 IDENTIFYING THE NEED FOR COLLABORATIVE WORKING

2.2.1 REQUESTS FOR SERVICE

On receipt of a referral/request for service, the person dealing with it must ensure that they take steps to identify whether any other services are involved with the subject of the referral and/or their family unit.

The referral source, if another service provider, may not be the only other service involved and should be asked if they are aware of any other services involved with the family.

Professional referrers, even if they are currently providing a service, will not necessarily know about all or any other services the subject of the referral or other family unit member may be in receipt of. As such the practitioner dealing with the request for service must not assume that the referrer can provide all the relevant information about other involved services and should continue as follows:

NB Staff responding to a referral concerning the risk of or actual harm to a child or adult should follow existing safeguarding procedures

1. If applicable, check the relevant database to establish whether the person referred is known to another service division/provider. If appropriate check with the Information Sharing and Assessment Team⁵ (Tel. 0191 383 3640) to establish whether there is a CAF⁶ assessment on going/in existence.

⁵ **Information Sharing and Assessment Programme (ISAP)** – The programme of work within County Durham Children’s Trust to enable improved Information Sharing to take place. The team based within Durham County Council Children and Young People’s Services is responsible for the delivery of the ISA Programme.

⁶ **Common Assessment Framework (CAF)** – A process for gathering information and bringing together practitioners, children and young people and their families to deliver actions to support Children with Additional Needs

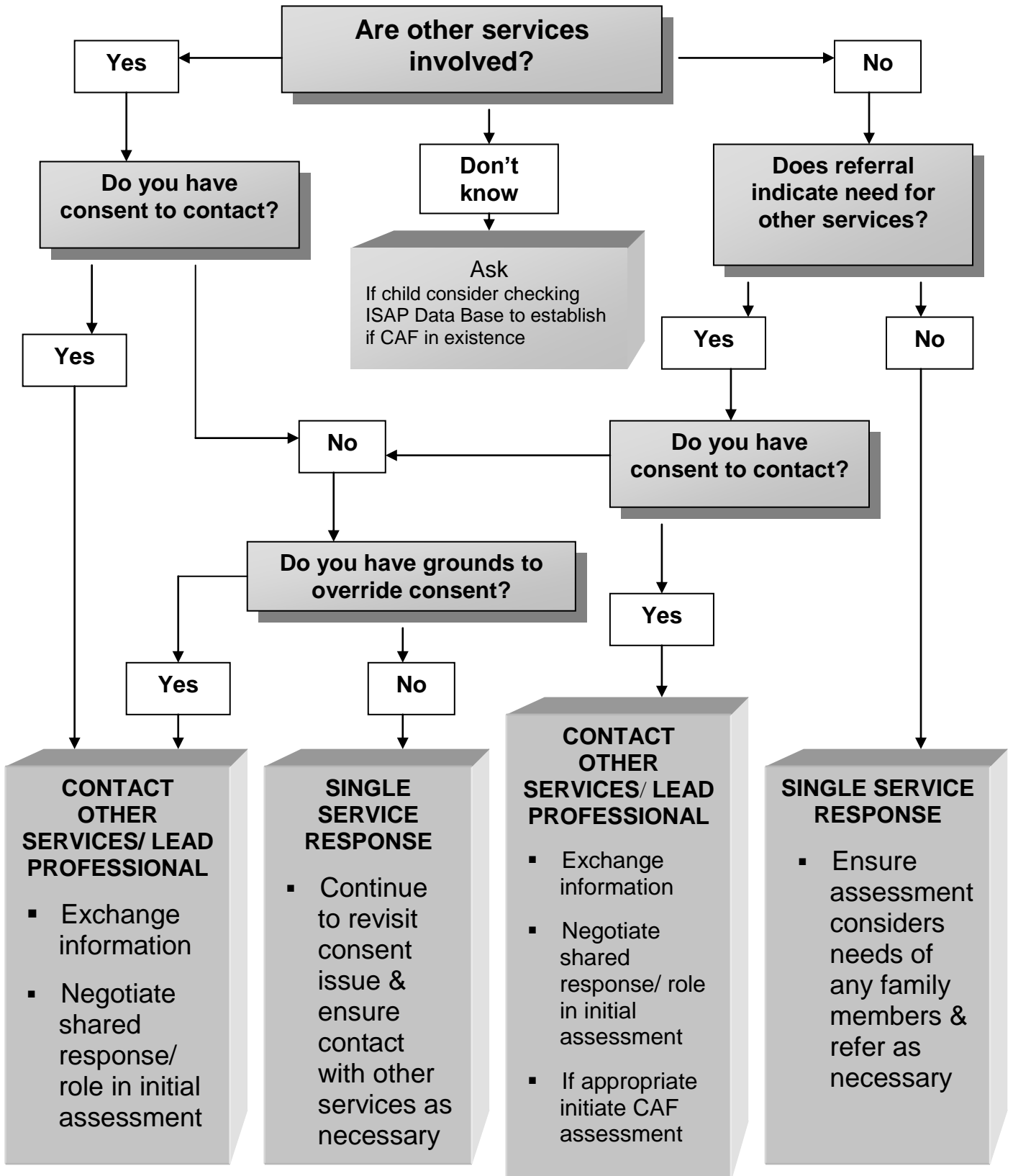
2. During the initial contact with the subject of the referral or person with parental responsibility establish whether they are willing to provide information about any other services involved with them.
3. If the request for service indicates that the person referred may have additional unmet needs that are beyond the scope of your service to address, discuss this with them/ person with parental responsibility and seek their agreement to contacting any prospective service provider or initiating a CAF assessment* .
4. Seek the consent of the person concerned/person with parental responsibility to contacting any service (including adult services) that is or has been involved or that it may be appropriate to involve.
5. Having obtained the requisite information and consent, initiate contact with the other services/lead professional as soon as possible.
6. Ensure full records of all action taken are kept and stored with the request for service.

***NB** if the request for service relates to a child and indicates that a CAF assessment may be the most appropriate course of action then practitioners should follow the relevant procedure as contained in the CAF Practitioners Guide (2009)⁷.

⁷ The Common Assessment Framework in County Durham: Operational Guidance for Practitioners (June 2009)

Figure 3

**REQUEST FOR SERVICE:
IDENTIFYING NEED FOR
COLLABORATIVE WORKING**



IDENTIFYING NEED FOR COLLABORATIVE WORKING

2.2.2 OPEN CASES

When in the course of their work, a practitioner identifies or is made aware that another service is being provided to the person to whom they are providing a service or to another member of the family unit, they should undertake the following:

1. Seek the consent of the person concerned/person with parental responsibility to contacting the other services/ the lead professional involved.
2. If consent is given, contact those services/ the lead professional and make them aware of your involvement.
3. Discuss with those services/ the lead professional the arrangements for collaborative working including attendance at any relevant meetings and agree the means, parameters and frequency of information exchange.
4. If consent is not given, discuss the matter with your line manager and reach agreement as to whether any contact without consent is warranted⁸. If so inform the service user concerned accordingly unless to do so would increase a risk of harm to a child or adult.
5. In circumstances where consent has not been given, the practitioner should periodically revisit this with the service user and discuss the matter further.
6. Ensure that all the above are fully recorded within the service users case notes.

NB Practitioners should not assume that other services are aware of their involvement and be proactive in initiating contact and establishing some level of collaborative working.

⁸ See page 8 for guidance and refer to own agency policy/procedure

Figure 4

Open Case Process for Identifying Need

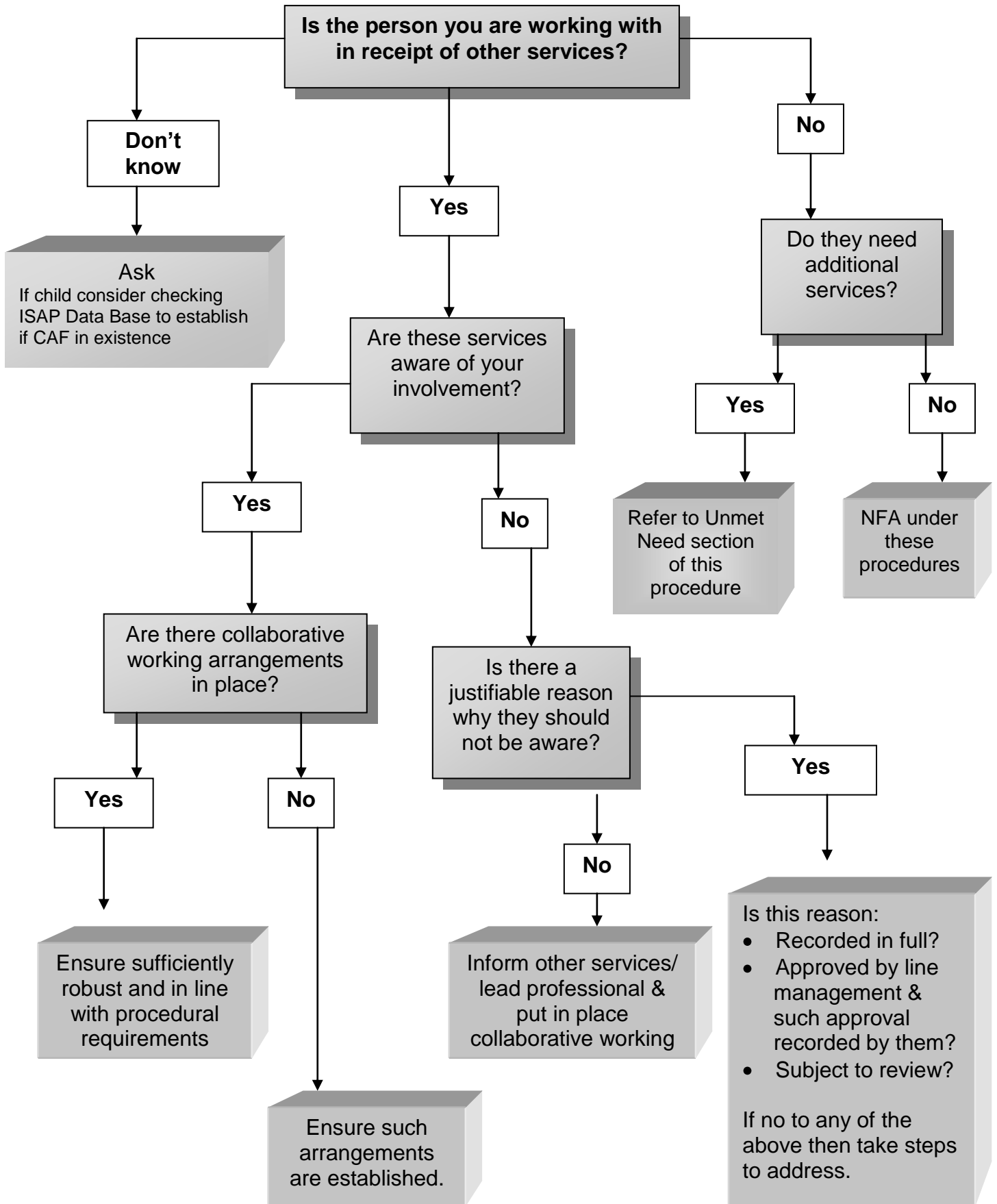
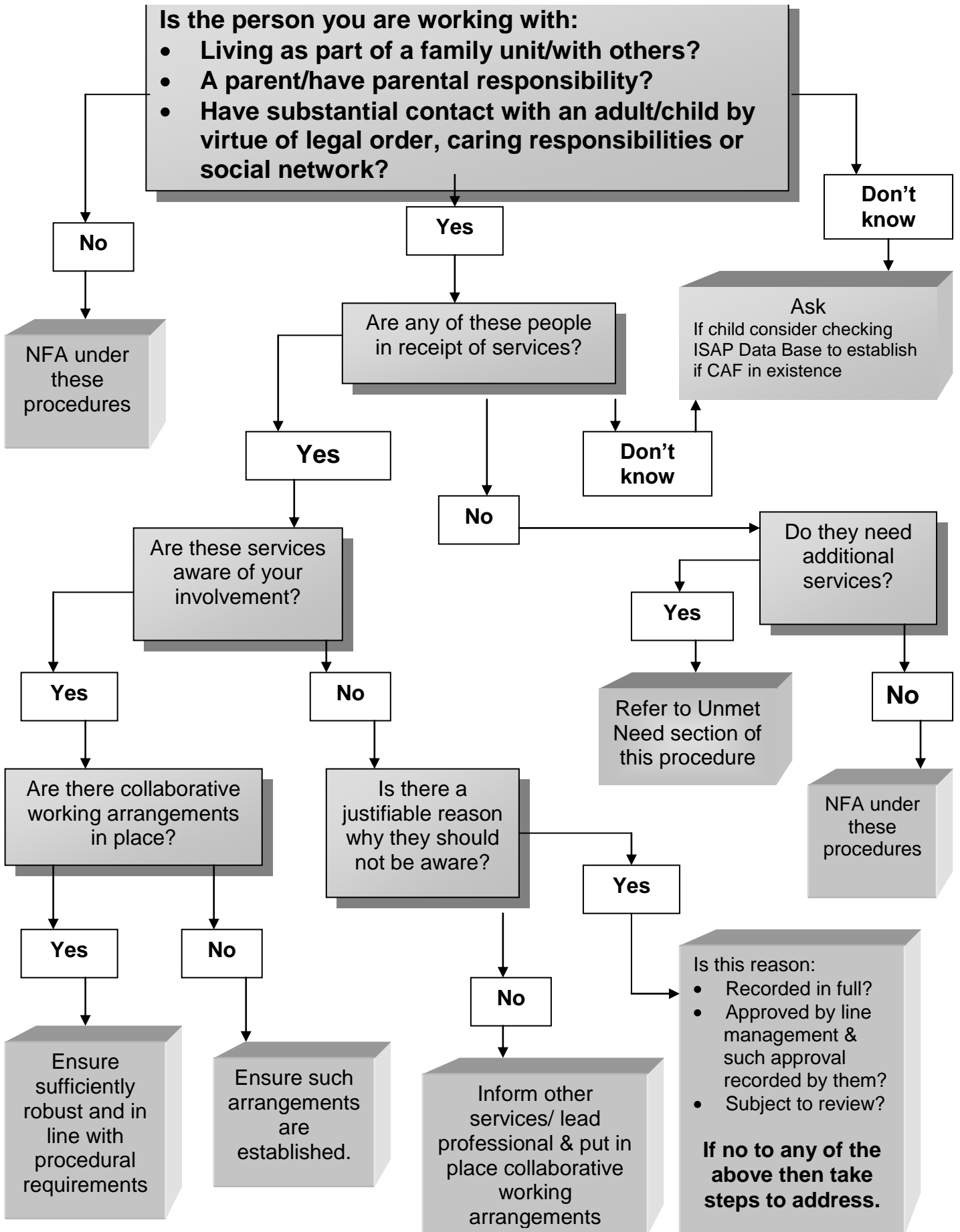


Figure 5

Process for Identifying Need for Collaborative Working for those with a caring role/responsibility



2.3 Identifying Unmet Need

2.3.1 Action To Be Taken – All Services

Practitioners have a responsibility to take action to ensure all eligible needs are met. When a practitioner identifies that the needs of either the person they are providing a service to or another member of the family unit are not being met they must seek the additional and appropriate service and undertake the following:

Adults with Unmet Needs

If the need for additional services relates to the suspected or actual abuse of an adult at risk, the practitioner must initiate Adult Safeguarding Procedures immediately.

1. Seek the person's consent to make referral for appropriate service **unless it is inappropriate to do so because it would increase the risk of harm to any individual**
2. Seek the person's consent to share relevant information regarding existing services, needs, circumstances and other relevant individuals such as family members
3. Discuss the matter with person concerned and seek their consent to a referral being made ***unless it is inappropriate to do so because it would increase the risk of harm to any individual.***
4. Make the referral as soon as possible and within 3 working days **unless the matter being referred relates to actual or likely harm to a child or adult at risk. In which case the relevant safeguarding procedures must be followed and the referral made the same day.**

5. If the service receiving the referral decides to take no action:
 - Discuss with your line manager.
 - Line manager must discuss this with their counterpart in the service to which the referral has been made.
 - If this does not lead to an assessment for service, then steps should be taken to identify an alternative service.

Refusal To Give Consent To Referral

6. **When consent to a referral or sharing relevant information is refused, it is important to consider if there are grounds to over-ride the refusal of consent. e.g.**

- Child at risk of significant harm
- Adult at risk of significant harm
- Concerns about significant harm to another person
- Public interest

(NB Public interest criteria include the protection of vulnerable members of the community – see footnote, page 9 for additional information.)

7. The practitioner must discuss this with their line manager; seek any necessary advice and refer to the relevant guidance, policy and procedure to establish whether there are grounds to over-ride the refusal of consent.

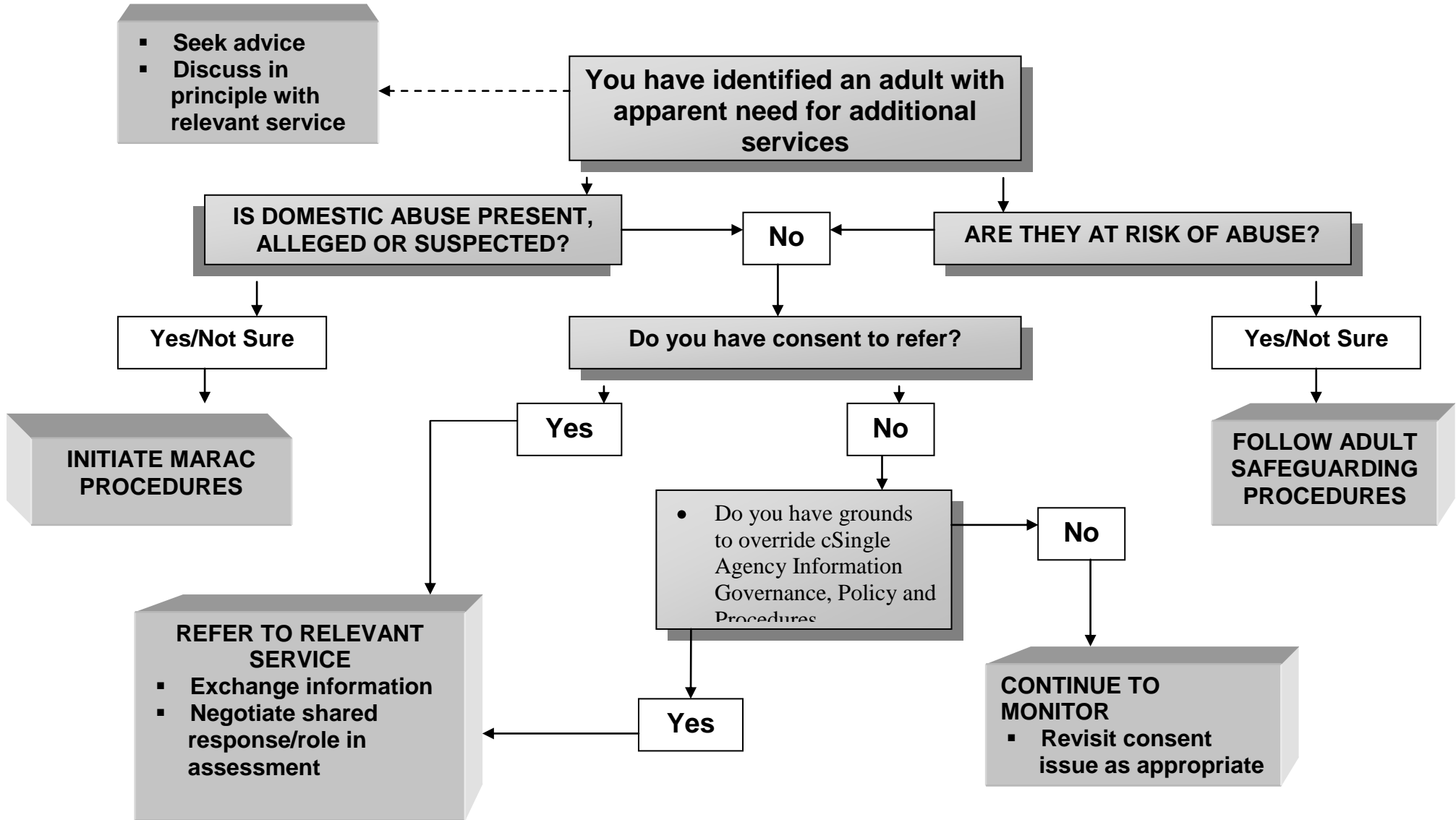
If the decision is made to proceed with the referral in the absent of consent, the person concerned should be informed **unless to do so would increase the risk of harm to a child or adult or exacerbate a person's mental health.**

The decision, irrespective of whether or not it is to over ride the refusal of consent must be recorded in full and be subject to line management approval.

8. In circumstances where consent to a referral has been refused but the practitioner continues to identify an unmet need, the practitioner should periodically raise the matter with the individual concerned and discuss with them whether they now wish a referral to be made.
9. Ensure that full records of all action taken and decisions made are kept.

Figure 6

Service Provider Children – Identifying Unmet Need for an adult: Children Services Provider



2.3.2 IDENTIFYING UNMET NEEDS

Service Provider - Children⁹

- All practitioners involved in the provision of services to children must consider whether:

- Any of the adults with whom the child lives or has parental responsibility for may benefit from adult services;
- Any other child in the household has unmet needs that may benefit from service provision;
- Any additional needs of they child with whom they are working that are not met through current service provision.

If so the practitioner must take the appropriate action to ensure they are assessed for such services.

- The practitioner providing services to a child **must**:
 - Initiate LSCB¹⁰ Child Protection procedures if they suspect that any child is at risk of significant harm.
 - Make a referral to the appropriate adult services team if they identify any risk factors in relation to an adult who has care of or significant contact with that child that are beyond the scope of their service provision to address.

If the practitioner is in any doubt about whether a referral is required they should consult with their line manager and seek appropriate advice from the relevant adult service.

⁹ Any service whose primary provision is targeted at those service users aged under 18 years old.

¹⁰ County Durham Local Safeguarding Children's Board- www.durham-lscb.gov.uk.

- o Initiate adult safeguarding procedures¹¹ if abuse of an adult at risk is alleged or suspected.
- o Initiate MARAC¹² procedures if domestic abuse¹³ or violence is present, alleged or suspected.
- All meetings regarding children who are in receipt of services must consider the issues highlighted above and ensure that they are being addressed.

The responsibility for ensuring this happens rests ultimately with the chair of the meeting but all practitioners who attend must raise the issues for consideration.

NB Also see Flowcharts 6 and 7, pages 24 and 27

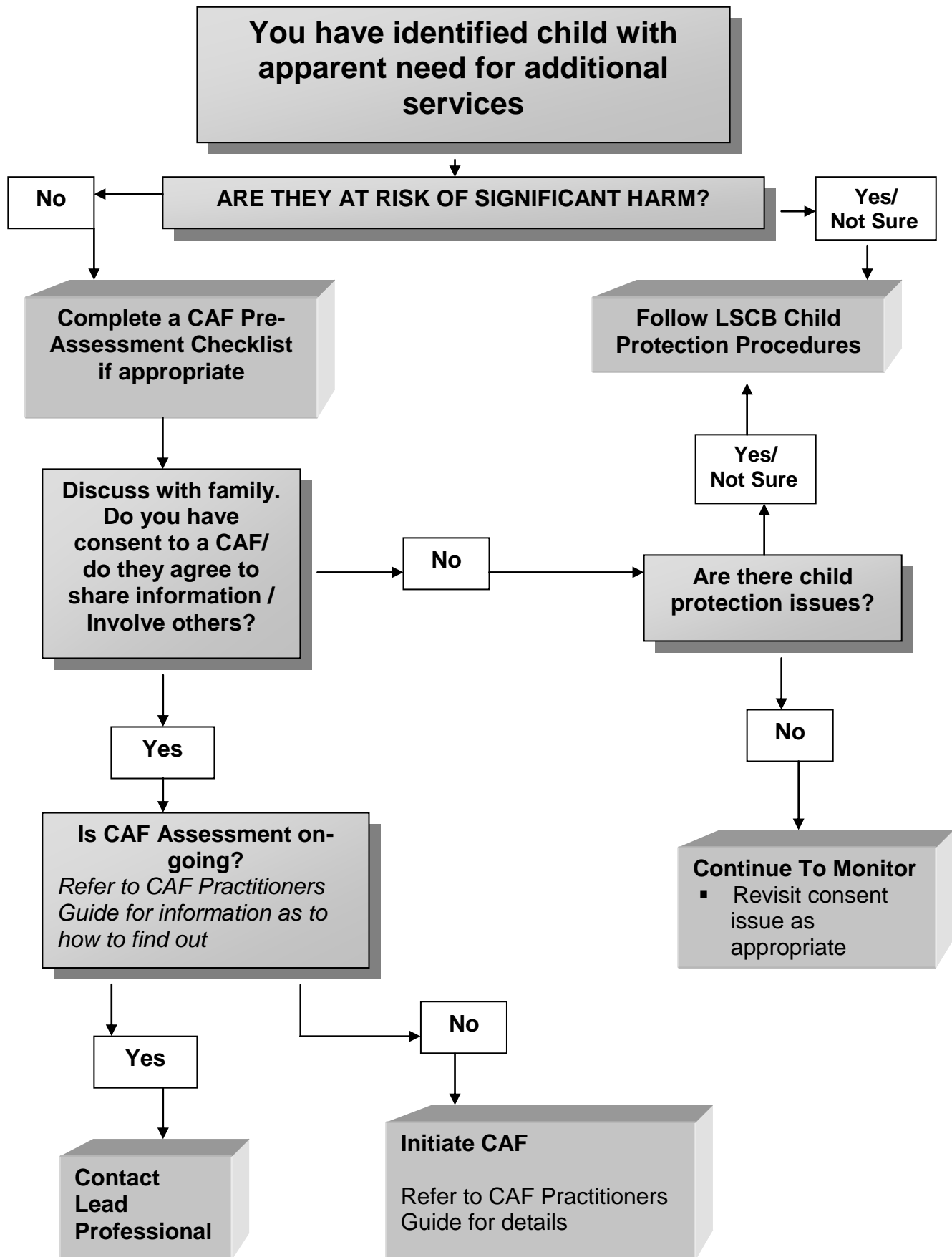
¹¹ Safeguarding Adults: County Durham Inter-Agency Procedural Framework (January 2009)

¹² Multi-Agency Risk Assessment Conference – a process to risk assess victims of domestic abuse, identify those most at risk of significant harm and the interventions required to reduce that risk. See Safeguarding Adults: County Durham Inter-Agency Supplementary Guidance & Procedural Framework (January 2009) for additional information.

¹³ Definition: “Any incident between adults of a violent, aggressive or controlling nature wherever and whenever it occurs. The abuse may include physical, sexual, emotional or financial abuse of an individual by a family member, partner or ex-partner in an existing or previous relationship, regardless of gender, culture or sexual orientation.”

Figure 7

Service Provider Children – Identifying Unmet Need for a child: Children Services Provider –



Children with Unmet Need

If the need for additional services relates to the risk of the child suffering or being likely to suffer significant harm, the practitioner must initiate LSCB Child Protection procedures immediately.

NB the order in which points 1 & 2 are undertaken will be determined by the circumstances of the case.

1. Discuss the matter with the parent(s)/child and seek their consent to the involvement of other agencies and the sharing of information with them.

NB In certain circumstances a referral for specific services in respect of an older child can be made with out the consent of a person with parental responsibility. Practitioners should consult their appropriate service procedures for guidance.

2. If appropriate complete the CAF¹⁴ Pre-Assessment Checklist. (Children's Services providers only).
3. If consent is given contact the Information Sharing and Assessment Team (Tel. 0191 383 3640) to establish whether a CAF assessment is on-going/in existence. If so contact the lead professional to discuss your concerns and whether it is appropriate for you to become a member of any Team Around the Child/Family.
4. If a CAF Assessment has not or is not being completed then:
 - o Practitioners from provider services for children should initiate a CAF Assessment. See CAF Practitioners Guidance¹⁵ for how to proceed.

¹⁴ **Common Assessment Framework (CAF)** – A process for gathering information and bringing together practitioners, children and young people and their families to deliver actions to support Children with Additional Needs

¹⁵ The Common Assessment Framework in County Durham: Operational Guidance for Practitioners (June 2009)

- o Practitioners from services for adults should contact a relevant practitioner from children's services who has knowledge of the child (i.e. school, health visitor) and discuss your concerns. See CAF Practitioners Guidance¹⁶ for further details.

Refusal To Give Consent To Referral

5. When consent to a referral or sharing relevant information is refused, it is important to consider if there are grounds to over-ride the refusal of consent. e.g.

- Child at risk of significant harm
- Adult at risk of significant harm
- Concerns about significant harm to another person
- Public interest
(NB Public interest criteria include the protection of vulnerable members of the community – see footnote, page 9 for additional information.)

6. The practitioner must discuss this with their line manager; seek any necessary advice and refer to the relevant guidance, policy and procedure to establish whether there are grounds to over-ride the refusal of consent. *If there are any issues relating to suspected child protection concerns, LSCB Child Protection Procedures must be followed.*

If the decision is made to proceed with the referral in the absent of consent, the person concerned should be informed **unless to do so would increase the risk of harm to a child or adult or exacerbate a person's mental health.**

The decision, irrespective of whether or not it is to over ride the refusal of consent must be recorded in full and be subject to line management approval.

7. In circumstances where consent has been refused but the practitioner continues to identify an unmet need, the practitioner should periodically raise the matter with the family and discuss with them whether they now wish to involve other services.

8. Ensure that full records of all action taken and decisions made are kept.

¹⁶ The Common Assessment Framework in County Durham: Operational Guidance for Practitioners (June 2009)

2.3.3 IDENTIFYING UNMET NEEDS Service Provider - Adults¹⁷

- All practitioners involved in the provision of services to adults must be aware whether the adult they are working with:

- Is a parent
- Has parental responsibility for a child
- Is living in the same family unit as a child or adult at risk

If so, the practitioner must consider whether:

- The needs of the adult impact on their ability to meet the physical and emotional needs of their child or any child they provide care for.
- The conduct of the adult either through acts of omission or commission place a child at risk or have a detrimental impact on the child's welfare.
- The adult requires any additional services to increase their effectiveness as a parent.
- The needs of the adult place additional demands on the child (e.g. as a young carer) that give rise to a need for support services for the child.
- The needs or conduct of the adult have a detrimental impact on the welfare and safety of any adult in the same household or family unit.
- There are any additional needs of the adult that are not met through current service provision.

If so, the practitioner should take the appropriate action to ensure they are assessed for the appropriate services.

¹⁷ Any service whose primary provision is targeted at those service users age 18 years or older.

- A practitioner providing services to an adult **must:**
 - o Initiate LSCB¹⁸ Child Protection Procedures if they identify any risk factors to any child that is a member of that adult’s family unit or whom they have significant contact with.

If the practitioner is in any doubt about whether a referral is required they should consult with their line manager and seek appropriate advice from either children’s services and/or a suitably qualified and knowledgeable practitioner from their own service. This would ordinarily be the delegated child protection representative.

- o Initiate adult safeguarding procedures¹⁹ if abuse of an adult at risk is alleged or suspected.
 - o Initiate MARAC²⁰ procedures if domestic abuse²¹ or violence is present, alleged or suspected.
- All meetings regarding adult service users must, if the person is a parent or lives with a child/children, explicitly consider the needs of and/or risk factors for any children concerned.

The responsibility for ensuring this happens rests ultimately with the chair of the meeting but all practitioners who attend must raise the issues for consideration.

NB In situations where adults have withdrawn or refused co-operation or have withdrawn or refused treatment, the implications for this for any child concerned or any adult who may be at risk must be considered.

NB Also see Flowcharts 6 and 7 pages 30 and 31

¹⁸ County Durham Local Safeguarding Children’s Board- www.durham-lscb.gov.uk.

¹⁹ Safeguarding Adults: County Durham Inter-Agency Procedural Framework (January 2009)

²⁰ Multi-Agency Risk Assessment Conference – a process to risk assess victims of domestic abuse, identify those most at risk of significant harm and the interventions required to reduce that risk. See Safeguarding Adults: County Durham Inter-Agency Supplementary Guidance & Procedural Framework (January 2009) for additional information.

²¹ Definition: “Any incident between adults of a violent, aggressive or controlling nature wherever and whenever it occurs. The abuse may include physical, sexual, emotional or financial abuse of an individual by a family member, partner or ex-partner in an existing or previous relationship, regardless of gender, culture or sexual orientation.”

Figure 8

Service Provider – Adults: Identifying Unmet Need for a child by Adult Service Provider

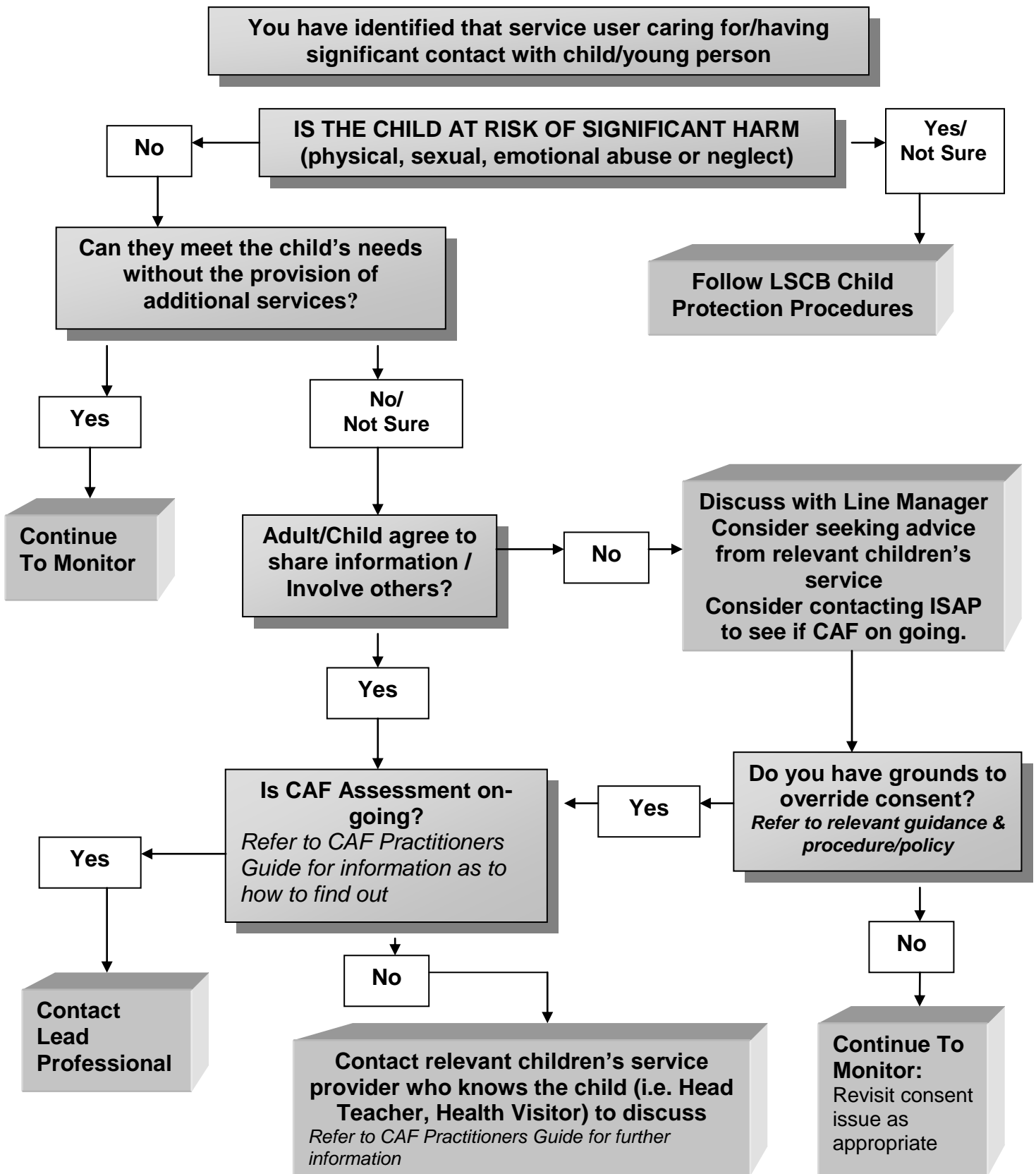
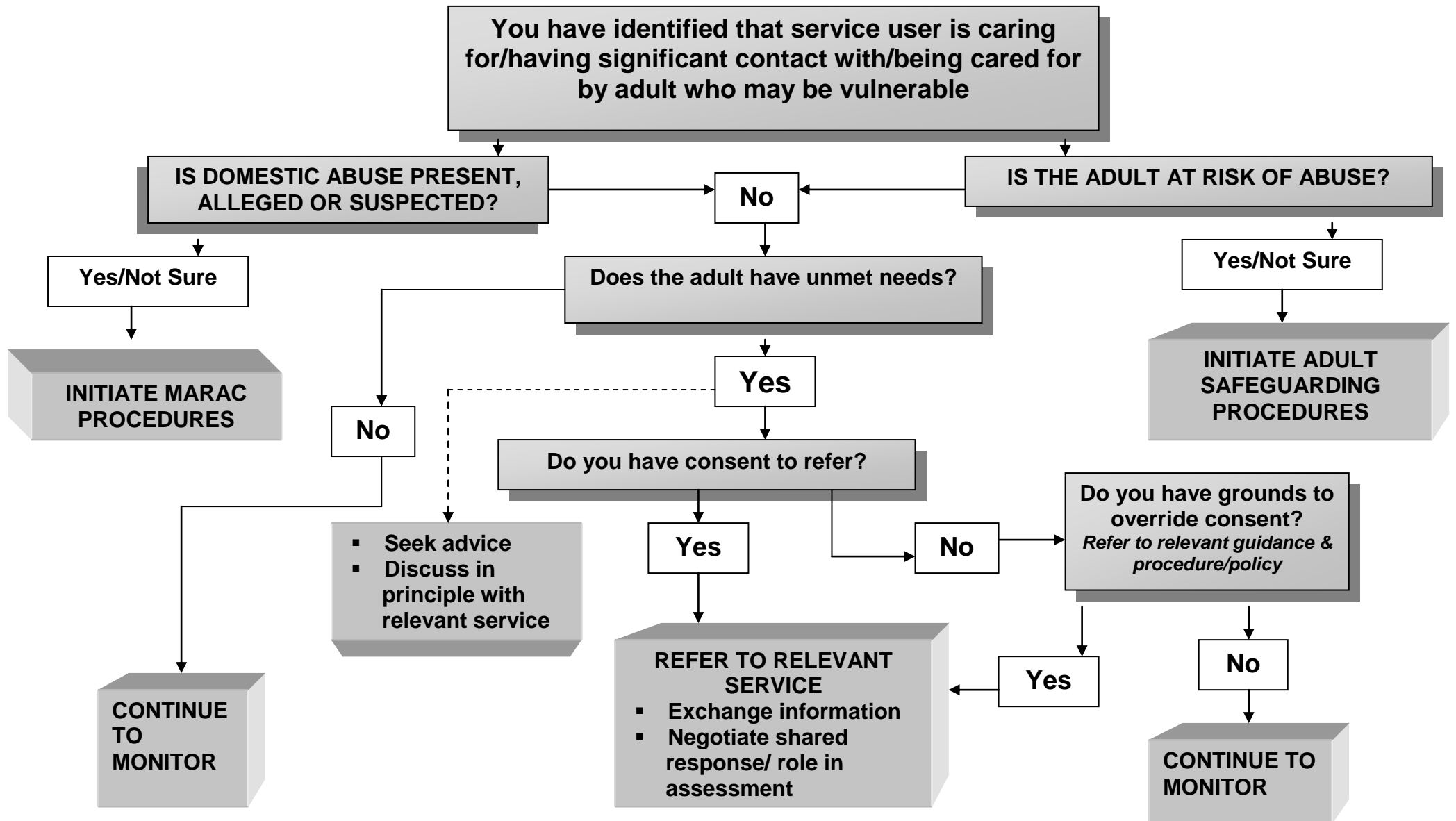


Figure 9

Service Provider – Adults- Identifying Unmet Need for an adult/carer/person being cared for by vulnerable adult: Adult Services Provider



2.4 ROLES AND RESPONSIBILITIES

2.4.1 Roles and Responsibilities of Line Managers

Effective and safe inter-agency working is dependent on appropriate systems being in place for management oversight and case supervision.

As such, in addition to their standard duties, this protocol requires that line managers must ensure:

- That any practitioner/manager for whom they have line management responsibility:
 - Complies with the requirements of this protocol and its incorporated procedure (including adherence to the Eight Golden Rules for Collaborative Working – see *page 34*).
 - Has thorough knowledge of their agency procedures regarding information sharing and joint working with other agencies.
 - Is aware of where to get advice and guidance relating to information sharing and joint working.
 - Is clear about the requirements of their own agency and any relevant professional codes of conduct regarding their duty of care towards those in need of services to promote their welfare and maintain their safety.
 - Is clear that the need to protect the safety and welfare of others (including those employed by their own and other agencies) **always** is paramount over any perceived right of confidentiality of the service user. **Failure to disclose information to other agencies that would serve to protect any other person is not justifiable under any circumstances and liable to result in disciplinary measures.**

- Whose professional conduct or attitude negatively impacts on collaborative work is appropriately challenged.

- That situations that require some form of collaborative working are identified and that the appropriate action is taken.

- That salient issues arising from the collaborative process are identified and reported back through the relevant management structure.

- That all decisions made during collaborative working continuously reflect best practice and are consistently in the best interests of the service user.

- Standards regarding recording, communication and timescales are adhered to.

Further that where a manager has line management responsibility for practitioners, they must ensure that for each service user, the Case Management Checklist (*please see page 36*) is completed:

2.4.2 Roles and Responsibilities of Practitioners

The potential benefits to service users and their families of providers working collaborative will only be maximised if practitioners contribute fully, cohesively and effectively to that process.

This protocol sets out the baseline requirements for such working and to assist practitioners in complying with these requirements the following have been established:

- **The Eight Golden Rules for Collaborative Working**
- **The Case Management Checklist** (*to be completed for each service user*)

The Eight Golden Rules for collaborative working build upon the Eight Golden Rules for information sharing as listed on page 13. Together they form the basis for effective collaboration.

The Case Management Checklist is a working tool to assist case managers in determining the need to work collaboratively in accordance with this Protocol (refer to page 38)

The Eight Golden Rules for Collaborative Working

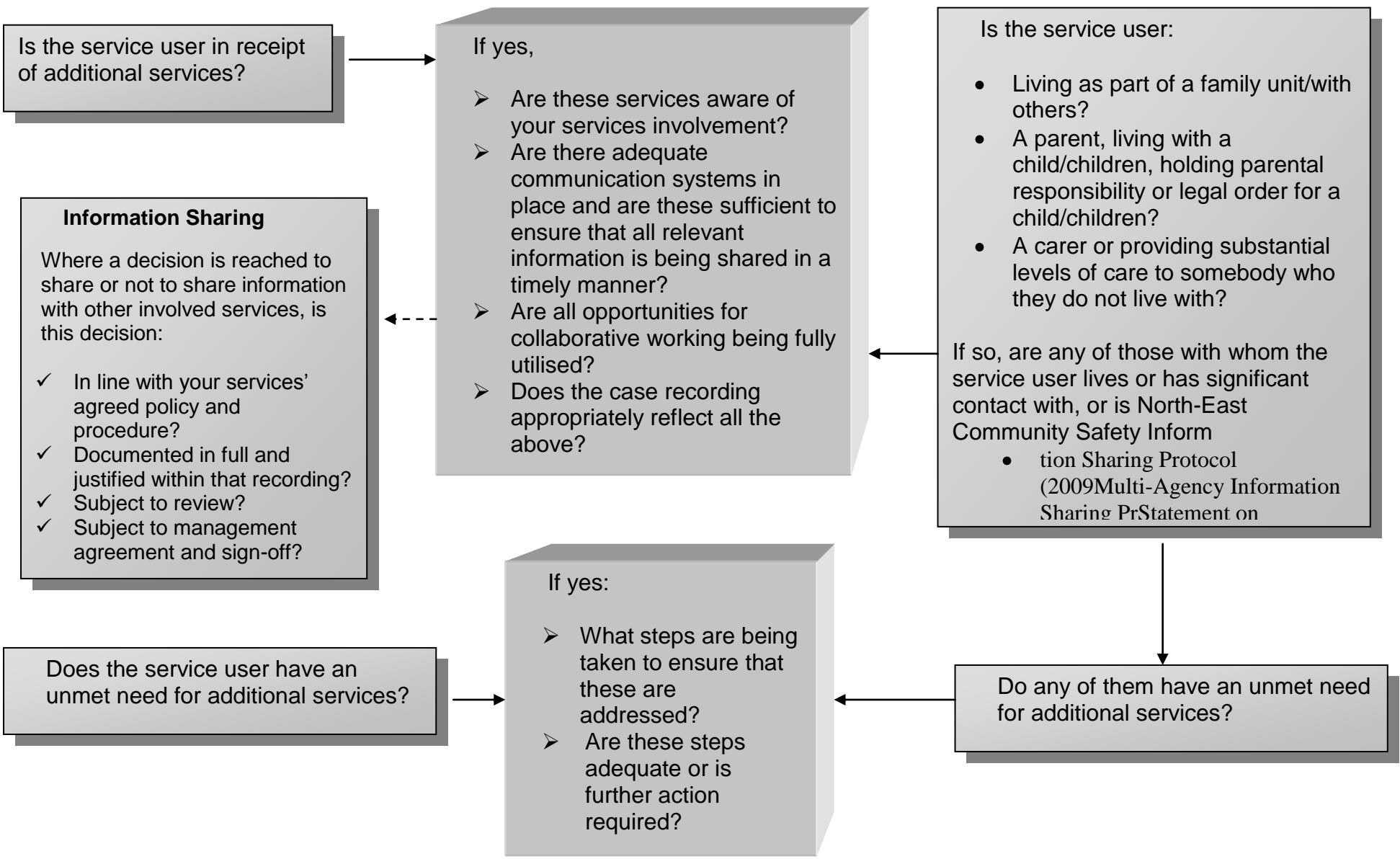
1. **Ask the question:** Whilst always respecting their right to maintain confidentiality, find out from the person/family you are working with who else is providing services to them. Be open and honest about why you want this information.
2. **Be Proactive:** Don't assume other practitioners are aware of your involvement with an individual/family – take action to make sure they know.
3. **Always consider duty of care issues** – be mindful of your professional responsibility to ensure that if you identify an adult or child who appears to need additional services to promote their welfare, that you take action to instigate these services.

4. **Initiate, contribute to and participate in** collaborative working. The effectiveness of such working and the positive benefits it will bring to the service user is dependent on the involvement of all parties. Remember that some level of collaborative working between practitioners is the expectation not the exception.
5. **Be knowledgeable** about the procedural requirements and professional codes of conduct that apply to you and your work including those regarding information sharing. Seek advice if in any doubt and know where to get that advice.
6. **Think safety:** Always bear in mind that the need to protect the safety and welfare of others (including those employed by your own and other agencies) **always** is paramount over any perceived right of confidentiality of the service user. **Failure to disclose information to other agencies that would serve to protect any other person is not justifiable under any circumstances and liable to result in disciplinary measures.**
7. **Keep a record** of all your actions in the collaborative working process and the reasons for it. If a decision is made not to work collaboratively with others (including not to share information) ensure this is recorded in full, the reasons given and details of who was involved in that decision documented.

And always remember that:

8. **If there are concerns that a child may be at risk of significant harm or an adult at risk of serious harm**, then it is your duty to follow the relevant procedures without delay. Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

CASE MANAGEMENT CHECKLIST



Part 3: Review of Protocol

This Protocol will be reviewed under the auspices of Children's Trust.

All relevant agencies, including adult services are members of the County Durham, Children's Executive Board and this forum provides the vehicle for collective action.

Findings from cross service and independence services audit processes in relation to multi-agency collaboration will similarly be reported to the Children's Executive Board for consideration and to ensure any collective action required is endorsed and supported at senior level.