



## **Practice Guidance; Support for Disabled Parents 2020 Adult Care and Children and Families Service**

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Review date: May 2022	
Version control:	

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## **1. Introduction**

### **Purpose of the Practice Guidance**

This Guidance is intended to give practitioners in adult care and children services a better understanding of their respective roles and those of their colleagues when working with disabled parents.

Allocated practitioners in both adults and children and families services will need to liaise closely to ensure a whole family approach and avoid duplication. This will involve sharing information, assessments and plans and informing each other of any significant changes.

For the purpose of this protocol, the term 'disabled-parent' includes any parent with a physical, sensory, or learning impairment, or long-term illness. 'Disabled parent' includes prospective parents, same sex couples, and those who foster or adopt children as well as biological parents.

The Guidance is informed by the social model of disability and aims to make sure that disabled parents and their children, have their care and support needs properly considered and support is focused on meeting those needs effectively.

The Guidance reflects strength based approaches that consider what else other than the provision of care and support might assist the disabled parent in meeting the outcomes they want to achieve, including consideration of the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help.

## **2. Statutory Duties**

### **Adult Care and Support**

The main legislation governing Adult Social Care responsibilities is the Care Act 2014. Adult Care Services undertake needs assessments and apply national eligibility criteria to identify needs for care and support so that they can consider how to provide a timely proportionate response, based on the individual's needs. The Care And Support statutory guidance emphasises the 'Whole family approach' recommending that practitioners take a holistic view of the person's needs and identify how the adult's needs for care and support impact on family members or others in their support network. A needs assessment should take into account the parenting responsibilities of the person as well as the impact of the adult's needs for care and support on a young carer. Further detail on the whole family approach and young carers can be found in the appendix 3 and 4.

### **Children and Families Services:**

The legislation governing the work of Children and Families Services in Bristol is the Children Act 1989 and the Children and Social Work Act (2017). This is supported by statutory guidance 'Working Together to Safeguard Children 2018'. Children and Families Services undertake assessments of children to ascertain if they are 'children in need' or not. The Local Authority has a duty to provide services to children identified as children in need in its area and to assess the needs of young carers and decide whether or not to provide any services to the young carer. The Local Authority also has a duty to investigate where there are concerns that a child may be at risk of significant harm and, where children are at risk, the Local Authority has legal duties to protect children from harm.

### **3. Lead Responsibility**

1. Lead responsibility for provision of support to disabled parents in relation to their care and support needs should lie with adult care.
2. Lead responsibility for children in need of support or protection lies with Children and Families Services

### **4. Referrals to Adult Care**

**Referrals to Adult Care need to be made via Care Direct: 0117 9222 700**

Referrals will be considered with reference to the Care Act. Children and Families practitioners need to have familiarised themselves with Care Act Eligibility before making a referral (See Eligibility sections)

Referrals should not be made without the parent's consent unless;

- the parent is experiencing, or at risk of abuse or neglect
- the parent does not have capacity to consent to the referral

If the referrer has some uncertainty regarding the scenarios of whether or not consent is required, it is advisable to contact Adult Care to discuss further. See Appendix 7 for more detail.

Following the Care Act principle of a proportionate and appropriate response Care Direct will have an initial 'support conversation' using a strength based approach. If Care Direct is satisfied that the presenting needs for care and support are being met via appropriate advice and signposting a referral to complete a Care Act needs assessment may not be necessary.

If Care Direct judges that there is a need for further conversation they will refer to the appropriate operational adult care team.

Where joint work is likely to be needed, the appropriate adult care team will apply timely and reasonable timescales for assessments to allow these to be done in parallel with children services and to take into account any proceedings in relation to the family courts.

## **5. Referrals to Children and Families Services**

Adult Care should, alongside the family, consider a referral to Children and Families Services if they believe a child to be in need of additional support or a young carers assessment. If a child is believed to be at risk of significant harm and in need of protection, a referral to Children and Families Services must be made. The child's needs can change and should be a point of ongoing consideration throughout the assessment and support planning process with the parent. A referral to Children and Families Services can be made at any time.

If a child is identified as a young carer a referral will need to be made to the Carers Support Centre to conduct a Young Carers Assessment on behalf of BCC. However, there are exceptions for either complex cases where there are possible safeguarding concerns linked to the young carer or when the young carer is under 8 years of age the case will be picked up by the Families in Focus Team. Referrals for the Families in Focus Team are made via First Response

Referral Link to Carers Support Centre;

<https://www.carerssupportcentre.org.uk/young-carers/>

## **Method of referral to Children and Families**

### **Referrals to Children and Families Services need to be made via First Response**

Referrals will be considered with reference to the BSCB Threshold Guidance. Adult care practitioners need to have familiarised themselves with this before making a referral. Consent from the parent(s) must be sought in line with the information sharing protocol and threshold guidance, unless gaining consent would place the child at risk of significant harm or would pose a risk to another person. Where referrals are requesting support for families, failure to obtain consent from a parent will result in the referral being refused and returned.

If there are concerns about possible significant harm to a child, an immediate referral should be made to First Response on 0117 903644. Phone referrals will only be accepted for children at risk of immediate harm. . All other referrals from professionals must be submitted from the webform via the Children and Families pages of the Bristol.gov.uk website.

For Children and Families in need of additional support, these services are offered through the non-statutory 'Families in Focus' Teams (early help).

Advice and guidance for practitioners on making a referral, including an example of a good referral, can be found in 'Making a First Response Referral: Practitioner booklet' which is available here:

<https://www.bristol.gov.uk/social-care-health/first-response-for-professionals-working-with-children>

If the parent is disabled or has learning needs this should be explained in as much detail as possible in the referral, as should the involvement of adult care.

A decision will be made by First Response about the referral within 24 hours. Feedback on the outcome of the referral will be given to the professional referrer.

Additional information about making a referral and what is needed can be found in Appendix 1.

## **6. Assessment Principles and Process**

### **Adult Care and Support**

- Ensuring the assessment process is undertaken within the reasonable time-scales.
- Even if a person can manage their own personal care related outcomes they may still have support needs with 'carrying out any caring responsibilities for a child'. Eligibility for support in relation to this need will be determined by the application of the Care Act Eligibility framework.
- Consideration of the needs of each individual member of the family and the needs of the family as per the 'whole family approach'
- Consideration of the needs of other parent (if relevant), including the need for a Carer's Assessment.
- Consideration of the needs of each child, giving particular attention to the appropriateness of any caring tasks carried out by the child.
- Full involvement of the disabled parent and the other family members in the assessment and support planning process.
- Making sure parents and receive copies of assessments in formats accessible to each individual

See appendix 6 for issues for Adult Care Practitioners to consider during assessment.

### **Children and Families Services**

- All assessments by Children and Families Services, including those completed by Families in Focus, are underpinned by the Signs of Safety Approach. This is a strengths based, solution focused way of working that is highly participatory and aims to work with young people and their families to create plans that they own and understand.
- The child's and family's perspective is central to the assessment process. The child's voice will always be included in the assessment and this is usually done using the Signs of Safety 'Three Houses' or another age appropriate tool.
- All assessments will be completed within a maximum of 45 working days and the timescale for assessment is determined by the practitioner and their manager.
- If concerns about significant harm are identified, a multi-agency strategy discussion will be held. If the strategy discussion agrees that S47 enquiries should be undertaken because the child is at risk of significant harm, these enquiries must be completed within 15 days. If a child is judged to be a risk of continuing significant harm an initial child protection conference will be convened within a further 15 working days.
- In the case of immediate significant harm to a child, a strategy discussion will be held and urgent actions to safeguard the child will be agreed between Children and Families Services, the police, health and other relevant professionals. In the most serious of cases children may be removed by the police to a place of safety, this is referred to as a child being taken into police protection (TIPP) and lasts for up to 72 hours. When police use their powers to remove a child the local authority must undertake s47 enquiries. If the child is judged to be an ongoing risk of immediate harm Children and Families Services should seek legal advice.
- Young Carers Assessments will specifically consider whether the care which the young carer provides impacts on their well-being, education

and development and whether any of the tasks which the young carer is performing are excessive or inappropriate for the young carer to perform having regard to all the circumstances, and in particular the carer's age, sex, wishes and feelings. As stated previously Young Carers Assessments are generally carried out by the Carers Support Centre. The exception is where the situation is particularly complex or the young carer is under 8 years of age, where the Families in Focus will pick up the case via a referral to First Response.

### **Joint/Aligned Assessments**

A joint approach to both assessment and provision of support is likely to be in the best interests of parents and children. Initial joint planning should be undertaken in each case, with consideration given to the sequence of visits and assessment conversations. This may include aligning assessment visits to reduce duplication and the need for the person to repeat their story. In addition to Adult Care and Children and Families Services, a holistic approach may include other relevant professionals and agencies. Consent to share information needs to be established with reasons for sharing information without consent clearly documented. (See Sections 4 and 5 and Appendix 7 on Confidentiality and Information Sharing).

If there is a child in need of support or protection Children and Families will be seen as leading the process, in all other circumstances Adult Care and Support will have lead responsibility. The Department with lead responsibility will make any necessary referrals for young carers assessments.

The assessments should be completed within agreed timescales. As stated, the maximum timescale for completion of an assessment by Children and Families Services is 45 days. While there is no equivalent statutory timescale for adults, a reasonable timeframe will be discussed and agreed by all concerned.

Parents and children must be informed how to challenge or make a complaint about any part of the assessment and support planning process taking into account their access and advocacy needs



## **7. Mental Capacity Act 2005**

### **Capacity to consent - Adults**

All people aged 16 and over are presumed, in law, to have the capacity to make decisions including consent to sharing of confidential information and agreeing to assessments, unless you establish a reasonable belief that they lack the mental capacity to do so. Information on the test for capacity and best interests' decision making is in Appendix 4. Both adult care and children and families practitioners must comply with the Act.

The person, who is supporting someone to make a decision within their field of expertise, is the best placed individual to assess if the person in question lacks mental capacity. So, for example, a GP would be assessing for capacity around medication; a Surgeon around consent to surgery; an Adult Social Worker decisions around, care and accommodation; a Children's Social Worker decisions around a parent signing a section 20 agreement under The Children Act.

## **8. Care Act Eligibility (Adults)**

### **The National Eligibility Framework**

The Care Act 2014 eligibility framework establishes a three stage process. A person would meet the eligibility threshold if:

1. They have needs due to a physical or mental impairment or illness
2. Those needs mean that they are unable to achieve two or more specified outcomes
3. As a consequence there is, or is likely to be a significant impact on their wellbeing

All referrals to Adult Care will need to be considered on a case by case basis. However, this section is designed to give all practitioners greater direction regarding the interpretation of the Care Act eligibility in this context.

The Care Act Guidance states the following;

6.104. The first condition that local authorities must be satisfied about is that the adult's needs for care and support are due to a physical or mental impairment or illness and that they are not caused by other circumstantial factors. Local authorities must consider at this stage if the adult has a condition

as a result of either physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury. The authority should base their judgment on the assessment of the adult and a formal diagnosis of the condition should not be required.

## **Scenarios**

1. In the scenario where a parent has difficulties that relate to a history of 'trauma', but they do not have a 'mental illness' this would generally not meet the threshold for stage 1 eligibility
2. A 'condition which arises as a result of substance misuse' does not include the immediate and temporary effects of the substance on the adult, such as reduced ability to carry out tasks due to intoxication. It could include 'conditions' that arise from the substance dependency and resulting vulnerability as well as 'conditions' such as a loss of a limb or a level of cognitive impairment.

As stated under the 'Support Planning' section of the guidance, support from Adult Care would be in relation to practical aspects of the parenting role and would generally not include a therapeutic dimension. It is anticipated that Children and Families Services would be supporting posting the parent to access addiction and recovery services for appropriate therapeutic support via the person's GP.

3. In the scenario that alternative care is needed for a child, during a period that parent was receiving treatment, it would be the responsibility of Children and Families to work with the parent to ensure that suitable plans are put in place in respect of the child.
4. Where a parent has relatively low needs in relation to a 'mental illness' it is anticipated that Children and Families Services would be supporting the parent to access primary mental health services through their GP, such as Bristol Wellbeing Therapies (formerly LIFT) to access the appropriate therapeutic support. However, if the parents 'mental illness

is impacting on their ability to achieve outcomes identified in the Care Act eligibility stage 2 (in particular; Carrying out any caring responsibilities the adult has for a child) then it is possible that the person will be eligible for support from Adult Care.

In accordance with recent guidance both Adult Care and Children and Families Services will need to consider what support might be available from their wider support network or within the community to help adults who have conditions as a result of learning or cognitive disabilities. One source of support might be the Community Learning Difficulties Team. This would be applicable prior to and following a referral to Adult Care.

**Care Act Statutory Guidance:**

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

**9. Advocacy support:**

Under the Care Act, Local Authorities (LA) must involve people in decisions made about them and their care and support. If the Adult Care practitioner considers the person has a 'substantial difficulty' being involved in the assessment care planning or safeguarding processes the LA must provide the person with a Care Act advocate if there is no other appropriate individual to support and represent them to facilitate their involvement (e.g. family member, informal carer or friend). The scope of Advocacy for adults under the Care Act can be found in the Appendix 8.

There may be circumstances in which a disabled parent requires advocacy support that sits outside the specific parameters of Care Act advocacy. An example of this is advocacy for parents when involved in care proceedings.

While Children and Families Services may have a duty to provide advocacy at the stage of pre-proceedings they do not have a duty to provide advocacy for Court proceedings themselves.

Parents can be assisted by an intermediary appointed by the court in care proceedings.

There is no statutory requirement for HM Courts and Tribunal Service (HMCTS) to fund an intermediary in family proceedings. However, where it appears to the court that this is the only way a party can properly participate in

proceedings, the judge may order that there should be (i) an assessment to determine the nature of support that should be provided through an intermediary in the courtroom, and (ii) funding for that intermediary. HMCTS may then provide the funding if there is no other available source of funding. Legal services resist any suggestion by the Court that the Local Authority should be responsible for funding intermediaries in Court proceedings, and this has resulted in the Court ordering that the funding shall be provided by HMCTS. This is support in case law which can be accessed here:  
<https://www.familylawweek.co.uk/site.aspx?i=ed208972>

Where families are involved in care proceedings, Children and Families Services should seek a court appointed intermediary in advance of a referral to Adult Care for advocacy support. It is reasonable for Adult Care to refer any referral for advocacy support in court back to Children and Families so that an intermediary can be requested through HMCTS.

## **10. Thresholds for Children and Families Services:**

Thresholds for Children and Families Services are detailed in the Bristol Safeguarding Board Threshold Guidance and age related matrixes.

<https://bristolsafeguarding.org/children-home/professionals/policies/#ThresholdGuidance>

## **11.Support Planning**

At the end of a joint assessment process, responsibilities and a plan should be agreed between Adult Care and Children and Families Services and the disabled parent.

The Adult Care Support Plan will include eligible needs, outcomes in relation to those needs and the support that will be addressing those needs and outcomes. The plan should cover contingencies such as fluctuating medical conditions, the hospitalisation of parent or child. The person should receive a copy of their support plan.

The Children's social care / Families in Focus support plan will identify any additional needs that the child has and how these will be met.

Support plans will be shared with Adult Care and Children and Families staff where there is involvement of those staff with the agreement of the parents.

### **Provision of Support from Adult Care**

A person centred approach that embeds choice and control is key to effective support planning. Support can therefore take a number of forms, including the following;

- support involving some parenting tasks undertaken by an assistant, under the direction of the parent
- support that enables parents to have adequate rest

If Direct Payments are used to enable greater choice and control, a strong recommendation must be made for a parent to seek appropriate vetting to be compliant with child care expectations for child safeguarding e.g. reference checking and enhanced checking.

Support from Adult Care will not include an assessment of parenting capacity. However, a care provider may be asked to contribute observations to a meeting organised by Children and Families.

Support from Adult Care will generally not include therapeutic support unless it is seen as incidental or ancillary to other care and support needs of the person.

Case Law from 2017 notes that the obligation to provide support does not extend to 'support that is tantamount to substituted parenting'.

(A Local Authority v G (Parent with Learning Disability) [2017] EWFC B94).

### **12.Uncertainty over funding responsibilities and lead role**

In the event of a dispute about lead responsibility and/or the responsibility for funding resources between staff at practitioner level, the Adult Care and

Children and Families Team Managers should initially seek to resolve this by reference to this protocol. If they are unable to do so, the case should be referred to the Service Manager leads for the respective departments for dispute resolution.

It is likely that there will be cases where financial responsibility cannot be clearly separated and therefore there will be a need for joint purchasing/commissioning of support.

Agreed thresholds and time-scales for assessment and services should be followed irrespective of any initial lack of agreement regarding funding.

### **13.Review**

The timescale for review should be set in response to the particular circumstances surrounding the disabled parent's needs, the changing needs of the child and the complexity and size of the package being provided. Decisions to close a case or significantly change services delivered must be made in consultation with the other department. There should always be the flexibility for a case to be re-reviewed at any time or re-opened speedily if it has been closed.

### **14.Charging for Services**

In line with Care Act Statutory Guidance, charges may be made to the disabled parent for services provided under the Care Act to support him/her in their parenting role following a financial assessment.

If services are provided to a child in need by Children and Families Services, there will be no charge.

## **Appendix 1 First Response Referral Guidance**

### **What do First Response do with my referral?**

- ☒ First Response have to decide what service is most appropriate for each referral. They do this in line with Bristol threshold guidance (link is at the end of this booklet).
- ☒ First Response use the information contained within the referral and any other information that they are able to gather to decide what service is most appropriate.
- ☒ First Response will focus on the voice of the child, and the evidence of what impact the concerns raised are having on the child's safety, welfare, and life experiences.
- ☒ First Response have to make a decision about what service is appropriate very quickly – they need detailed, accurate information to do this.
- ☒ If a referral does not meet the threshold for any services then First Response will write to the referrer explaining the reason why no further action is being taken.
- ☒ If a referral does not contain enough information to make a decision then First Response will return the referral to you with advice about what is needed before they can accept the referral and make a decision regarding suitable services.

### **What do First Response need to be able to do their job properly?**

- ☒ They need a clear explanation of what you are worried about, and why you are so concerned that you have made a referral asking for a service.
- ☒ They need a clear focus throughout the referral of the impact your concerns are having on the child/children. This can be about specific serious incidents, but it should also include details about the day to day impact on their health, safety and development.
- ☒ They need as much information as you can provide about the family – who else lives with the child, or is significant but lives elsewhere. You might need to

ask the family about this, or research your agency databases to provide this information.

☒ They need the parents to know about the referral, and unless there are Child Protection (S47 enquiry) concerns that they parents agree to the referral. Include information about the parent's view of your worries, and what they would like to have happen. The only exception to this is if you believe that informing the parents would put the child at risk of further harm – but if this is the case explain fully why you haven't told the parents. Be aware that even in this case you might still be the best person to inform the parents that a referral has been made – but it can be done as part of a joint plan with other agencies and the social worker allocated to complete the enquiries.

☒ They need the voice of the child to be clearly present in the referral. If the child cannot speak then there are many other ways to capture their voice (even if they can speak some prefer other ways to communicate their worries and concerns). Ensure that the child's views are detailed in any referral – in whatever way suits them.

☒ They always need to know what has gone well with previous support, and what works well for the family – in Bristol we use the signs of safety approach which reminds us that all families have things that are going well. Describing positives will not prevent support that is necessary to protect children from being provided – it can help to determine what action is most appropriate, or how to engage effectively with a family.

### **What can I do when I make a referral to help First Response?**

☒ Include all the relevant information they need to assess what to do with the referral. If you can find the information out then do so – ask the family, the child or check your own databases for information.

☒ Use clear, easy to understand language.

☒ Answer all the questions on the referral form – if for any reason you can't record why you don't have access to the answer. Referral forms could be returned if there is information missing that could have been provided so this is important to avoid delays in getting children the help they need.

☒ Avoid using jargon, or abbreviations that only make sense within your own agency.

☒ Keep a copy of the referral, and a record of the referral number so that if you need to follow up it is easy for First Response to find your referral. Ensure that any copies are stored securely.



<https://www.bristol.gov.uk/social-care-health/first-response-for-professionals-working-with-children>

The practitioner booklet; the 2017 BSCB Interagency Training Programme; 'Making a referral to First Response' can be located by a link on the page.

Guidance on thresholds for First Response

<https://bristolsafeguarding.org/children-home/professionals/policies/#ThresholdGuidance>

## **Appendix 2**

### **Care Act Eligibility**

The eligibility framework establishes a three stage process. A person would meet the eligibility threshold if:

1. They have needs due to a physical or mental impairment or illness
2. Those needs mean that they are unable to achieve two or more specified outcomes
3. As a consequence there is, or is likely to be a significant impact on their wellbeing

#### **Stage 1**

##### **They have needs due to a physical or mental impairment or illness**

This includes conditions such as physical, mental, sensory, learning or cognitive disabilities or illnesses and brain injuries as well as impairments that arise from substance misuse and frailty. This can be based on an assessor's judgement and does not require a formal diagnosis

#### **Stage 2**

**Those needs mean that they are unable to achieve two or more specified 10 outcomes:**

• Managing and maintaining nutrition
• Maintaining personal hygiene
• Managing toilet needs
• Being appropriately clothed
• Maintaining a habitable home environment
• Being able to make use of the home safely
• Developing and maintaining family or other personal relationships
• Accessing and engaging in work, training, education or volunteering
• Making use of necessary facilities or services in the local community including public transport and recreational facilities or services
• Carrying out any caring responsibilities the adult has for a child

The term unable to achieve outcomes relates to the 4 following reasons:

1. is unable to achieve the outcome without assistance. This would include where an adult would be unable to do so even when assistance is provided. It also includes where the adult may need prompting for example, some adults may be physically able to wash but need reminding of the importance of personal hygiene;

2. is able to achieve the outcome without assistance but doing so causes the adult significant pain, distress or anxiety. For example, an older

person with severe arthritis maybe able to prepare a meal, but doing so will leave them in severe pain and unable to eat the meal;

3. is able to achieve the outcome without assistance, but doing so endangers or is likely to endanger the health or safety of the adult, or of others – for example, if the health or safety of another member of the family, including any child, could be endangered when an adult attempts to complete a task or an activity without relevant support;

4. is able to achieve the outcome without assistance but takes

significantly longer than would normally be expected. For example, an adult with a physical disability is able to dress themselves in the morning, but it takes them a long time to do this, leaves them exhausted and prevents them from achieving other outcomes.

### Stage 3

#### **As a consequence there is, or is likely to be a significant impact on their wellbeing**

Finally practitioners must consider, whether as a consequence of a person being unable to achieve two or more of the specified outcome domains there will be a significant impact on the person’s wellbeing. It is this ‘significant impact’ on wellbeing that is the crucial factor in determining eligibility. The 9 domains of wellbeing are listed below:

• Personal dignity (including treatment of the individual with respect)
• Physical and mental health and emotional wellbeing
• Protection from abuse and neglect
• Control by the individual over day-to-day life (including over care and support provided and the way it is provided)
• Participation in work, educations, training or recreation
• Social and economic wellbeing
• Domestic, family and personal relationships
• Suitability of living accommodation
• The individual’s contribution to society

The Act is requiring practitioners/assessors to make a judgement between something that is having a significant ‘impact’ on wellbeing as opposed to something that is having an impact’. An important element in this judgement is what the person considers important. The DOH guidance for the Care Act notes that;

*‘Circumstances which create a significant impact on the wellbeing of one individual may not have the same effect on another’ (6.110)*

As stated it is the ‘significant impact’ on a wellbeing domain that confirms whether a person is seen as having an eligible need. It is also possible

that while there is an impact on a number of areas of wellbeing that are not significant, the cumulative effect means that there is a significant impact on the adults overall wellbeing. This would make a need eligible.

## **Appendix 3**

### **1. Whole family approach**

The Care Act Statutory guidance gives considerable emphasis for the need to take a holistic view to identify how the adult's needs for care and support impact on family members or others in their support network. This includes reference to young carers.

During the assessment the local authority must consider the impact of the person's needs for care and support on family members or other people the authority may feel appropriate. of care and support. In considering the impact of the person's needs on those around them, the local authority must consider whether or not the provision of any information and advice would be beneficial to those people they have identified. For example, this may include signposting to any support services in the local community.

The local authority must also identify any children who are involved in providing care. Identification of a young carer in the family should result in an offer of a needs assessment for the adult requiring care and support and, where appropriate, the local authority must consider whether the child or young carer should be referred for a young carer's assessment or a needs assessment under the [Children Act 1989](#), or a young carer's assessment under section 63 of the Care Act. Local authorities should ensure that adults' and children's care and support services work together to ensure the assessment is effective – for example by sharing expertise and linking processes.

When carrying out an adult's or carer's assessment, if it appears that a child is involved in providing care the local authority must consider:

- the impact of the person's needs on the young carer's wellbeing, welfare, education and development

- whether any of the caring responsibilities the young carer is undertaking are inappropriate

Inappropriate caring responsibilities should be considered as anything which is likely to have an impact on the child's health, wellbeing or education, or which can be considered unsuitable in light of the child's circumstances and may include:

- personal care such as bathing and toileting
- carrying out strenuous physical tasks such as lifting
- administering medication
- maintaining the family budget
- emotional support to the adult

6.70 An assessment should take into account the parenting responsibilities of the person as well as the impact of the adult's needs for care and support on the young carer.

## **Appendix 4**

### **Young Carers; Method of Referrals**

- As stated previously Young Carers Assessments are generally carried out by the Carers Support Centre.  
<https://www.carerssupportcentre.org.uk/young-carers/>
- The exception is where the situation is particularly complex or the young carer is under 8 years of age, where the Families in Focus will pick up the case via a referral to First Response.

<https://www.bristol.gov.uk/social-care-health/first-response-for-professionals-working-with-children>

## **Appendix 5**

### **Mental Capacity Act**

### **Mental Capacity Act**

#### **Capacity to consent - Adults**

All people aged 16 and over are presumed, in law, to have the capacity to give or withhold their consent to sharing of confidential information, unless you establish a reasonable belief that they lack the mental capacity to do so.

#### ***The two-stage functional test of capacity:***

In order to decide whether an individual lacks the capacity to make a particular decision, you must answer two questions:

**Stage 1:** is there an impairment of or disturbance in the functioning of a person's mind or brain?

This impairment/disturbance could be anything from dementia, brain injury, learning difficulty or a mental disorder, to someone being drunk, on drugs, or having a UTI which is causing them to be confused.

When you look at the 'Diagnostic stage' (Stage 1) you should be recording what the impairment/disturbance is, how you know, when it was diagnosed, who diagnosed it.

**Stage 2:** is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

This is also called the 'Functional Test' and although you are not 'testing' the person, you are providing them with information and establishing a reasonable belief on the balance of probabilities that they either can, or cannot do the following: -

- **Understand** the information given to them relevant to the decision you are supporting them to make – record how you gave the information, the questions you asked and the responses you got.
- **Retain** that information long enough to be able to make that particular decision – consider how you are helping the person retain the information i.e. have they a pen and paper to take notes they can refer to?
- **Use or Weigh** the information available to make that decision (don't confuse this with Understand, part of it is seeing if the person can weigh up the pro's and con's or advantages and disadvantages of each option or of making/not making the decision.)
- **Communicate** – however they communicate, they are communicating. It doesn't matter if you can't understand what they are trying to get across or what they say has nothing to do with the decision; they are able to communicate. Really the only time you would say the person is not able to communicate is if they are unconscious or maybe if they have Locked-in Syndrome

If you have a reasonable belief that the person is unable to do **one** of these four stages then the person lacks the ability to make this particular decision.

### **Who Assess Capacity?**

The Mental Capacity Act Code of Practice says that the decision maker is the person who is proposing to take an action in relation to the care or treatment of an adult who lacks capacity, or is contemplating making a decision on behalf of that person.

So, if you are supporting someone to make a decision within your field of expertise, then you would be the best placed individual to see if the person in question lacked mental capacity. So, for example, a GP would be assessing for capacity around medication; a Surgeon around consent to surgery; a Dentist assesses for dental treatment; an Adult Social Worker decisions around finance, care and accommodation; A Children's Social Worker decisions around a parent signing a section 20 agreement under the Children's Act.

## **Points to remember**

- You are checking to see if the person can Understand, Retain and Use/Weigh the 'Salient' (key) points of the decision. So you need to know what these are before supporting the person to make the decision and record them on your capacity assessment
- Principle 2 of the Mental Capacity Act says that you need to take all practicable steps to enable the person to make the decision. Therefore, you need to evidence all of the steps you took ensuring that you have tried all the relevant methods without success.
- Practicable steps would also include involving family, friends, carers or other professionals, ensuring they are there in a supportive role and not answering the questions on behalf of the person in question
- If you believe the person lacks the mental capacity to make this decision then you need to record your evidence as to how you have come to that reasonable belief on the balance of probabilities.

## **Appendix 6**

### **Questions for Adult Care Practitioners**

#### **(Consistent with Joint BSCB and BSAB Multi-Agency Guidance)**

As part of all individual assessments, practitioners need to consider:

- How are the needs and behaviour of the individual service user impacting on other members of the family?
- Are there any children in the family? What kind of contact does the service user have with them?
- If the service user is a parent, does he or she need support in their parenting role?



- Is a child a young carer? What kind of care are they providing?
- Is there a vulnerable adult?
- Have the other members of the family, including vulnerable adults and children, been offered an assessment/support?
- What can be done to help the whole family?
- Which other services are needed to support the family?

The NSPCC emphasises that ‘risk assessments should be a dynamic rather than a static (one-off) process, which are reviewed in the light of emerging evidence.’

## **Appendix 7**

### **Confidentiality and Information sharing**

#### **(taken from Joint BSCB and BSAB Multi-Agency Guidance)**

Whilst the law rightly seeks to preserve individuals’ privacy and confidentiality, it should not be used as a barrier to appropriate information sharing between professionals. The safety and welfare of children is of paramount importance, and agencies may lawfully share confidential information about the child or the parent, without consent, if doing so is in the public interest. A public interest can arise in a wide range of circumstances, including the protection of a child from harm, and the promotion of child welfare. Even where the sharing of confidential medical information is considered inappropriate, it may be proportionate for a clinician to share the fact that they have concerns about a child. [The Protection of Children in England: a Progress Report The Lord Laming 2009.](#)

It is critical that all practitioners working with children and young people are in no doubt that where they have reasonable cause to suspect that a child or young person may be suffering significant harm or may be at risk of suffering significant harm, they should always refer their concerns to First Response. While a practitioner's primary relationship may be with the parent, where there is cause for concern, information needs to be shared on a 'need to know' basis with the appropriate Children's Services. Practitioners should seek to discuss any concerns with the family and, where possible, seek their agreement to making referrals to child care services to optimise the care of children and protect them from harm. This should only be done where such discussion and agreement seeking will not place a child at increased risk of significant harm. The child's interest must be the overriding consideration in making any such decisions.

Where a child is not suffering, nor at risk of suffering significant harm, parental permission is needed for the sharing of information. This should be raised with parents at the beginning of professional involvement following agency guidelines, with emphasis on the help and support which can be accessed by the family as a result of sharing information with other agencies. In general, information sharing is in the best interests of the person and supports delivery of effective treatment. In the process of finding out what is happening to the child, it is important to take into consideration their wishes and feelings.

Consent or the refusal to give consent to information sharing about children should always be recorded. For further information see [Information Sharing: Guidance for practitioners and managers, HM Government, 2015](#), the aim of which is to support good practice in information sharing by offering clarity on when and how information can be shared legally and professionally, in order to achieve improved outcomes.

Practitioners should be aware of any protection plan around family members eg. Multi Agency Public Protection Arrangements (MAPPA), Child Protection Plans, Multi-Agency Risk Assessment Conference (MARAC), and identify the need to be involved in those processes.

In relation to Adult Safeguarding, organisations need to share safeguarding information with the right people at the right time to:

- Prevent death or serious harm
- Coordinate effective and efficient responses
- Enable early interventions to prevent the escalation of risk
- Prevent abuse and harm that may increase the need for care and support
- Maintain and improve good practice in safeguarding adults
- Reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse
- Help people to access the right kind of support to reduce risk and promote wellbeing
- Help identify people who pose a risk to others and , where possible, work to reduce offending behaviour
- Reduce organisational risk and protect reputation

[Adult safeguarding: sharing information SCIE 2015](#)

## **Appendix 8**

### **Care Act Advocacy**

Where the local authority considers that a person has substantial difficulty in engaging with the assessment process, then they must consider whether there is anyone appropriate who can support the person be fully involved. This might for example be a carer (who is not professionally engaged or remunerated), a family member or friend. If there is no one appropriate, then the local authority must arrange for an independent advocate. The advocate must support and represent the person in the assessment, in the care and support planning, and the review. This applies to the following:

- a needs assessment
- a carer's assessment

- the preparation of a care and support or support plan
- a review of a care and support or support plan
- a child's needs assessment
- a child's carer's assessment
- a young carer's assessment
- a safeguarding enquiry
- a safeguarding adult review
- an appeal against a local authority decision under Part 1 of the Care Act (subject to further consultation).

## **Appendix 9**

### **Child in Need**

#### **Who are 'children in need'**

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The Children Act 1989 defines a 'child in need' as follows:

For the purposes of Part III of the Act a child shall be taken to be 'in need' if:

- (a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;
- (b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services;
- (c) he is 'disabled'.

## **Appendix 10**

### **Parenting Capacity:**

(Taken from Joint BSCB and BSAB Multi-Agency Guidance)

#### **Parenting capacity**

A simple definition for parenting capacity that needs to be applied when making a decision and conducting an assessment is: "the ability to parent in a good enough manner long term" (Conley, 2003).

According to a survey of practitioners' perceptions of 'good enough' parenting contained four elements, these were:

- meeting children's health and developmental needs;
- putting children's needs first;
- providing routine and consistent care;
- acknowledging problems and engaging with support services.

From the same survey, risky parenting was associated with:

- neglecting basic needs; putting adults' needs first;
- chaos and lack of routine;
- and an unwillingness to engage with support services.

Kellett and Apps, 2009.<sup>1</sup>

## **Appendix 11**

### **Other Documents**

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**Joint BSCB and BSAB Multi-Agency Guidance; Think Family (2018)**

<https://bristolsafeguarding.org/media/32078/final-think-family-approach-to-supporting-and-or-safeguarding-children-whose-parents-have-support-needs.pdf>

**RIPFA; 'Supporting Parents that have Learning Disabilities'**

[https://www.ripfa.org.uk/resources/publications/strategic-briefings/supporting-parents-who-have-learning-disabilities-strategic-briefing-2018/?utm\\_source=Partner+bulletin&utm\\_campaign=cd253674bc-RiPFA\\_LOandPartner\\_bulletin\\_July2018&utm\\_medium=email&utm\\_term=0\\_86e47600a4-cd253674bc-324993149](https://www.ripfa.org.uk/resources/publications/strategic-briefings/supporting-parents-who-have-learning-disabilities-strategic-briefing-2018/?utm_source=Partner+bulletin&utm_campaign=cd253674bc-RiPFA_LOandPartner_bulletin_July2018&utm_medium=email&utm_term=0_86e47600a4-cd253674bc-324993149)

**Good practice guidance on working with parents with a learning disability (2007) updated 2016**

<https://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn/2016%20WTPN%20UPDATE%20OF%20THE%20GPG%20-%20finalised%20with%20cover.pdf>

**SCIE; Working together to support disabled parents (2007)**

<https://www.scie.org.uk/publications/guides/guide19/>