



JOINT PROTOCOL

BRADFORD CHILDREN'S SOCIAL CARE AND BRADFORD DISTRICT CARE TRUST

13TH MAY 2011

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Joint Protocol – Bradford Children’s Social Care and Bradford District Care Trust.

Introduction

This protocol aims to promote effective joint working between Bradford Children’s Social Care and Bradford District Care Trust. A ‘whole family’ approach is highlighted to ensure that both the needs of children and their parents are taken into account during any assessment made by the above agencies.

This protocol applies to:

Parents / Carers:

- who have a mental health problem, drug and alcohol problem, learning disability
- who engage in difficult to manage or risky behaviours such as crime or domestic abuse
- whose needs are impeding or impacting on their capacity and ability to parent their children safely or effectively.

Organisations Involved:

This Protocol will apply to staff working within:

- Bradford Children’s Social Care
- Bradford District Care Trust who provides the following services:
 - (i) Adult Mental Health Teams (In-patient Services and Community Mental Health Teams)
 - (ii) Substance Misuse Teams
 - (iii) Forensic Teams
 - (iv) Child and Adolescent Mental Health Service (CAMHS)
 - (v) Learning Disability Services
 - (vi) Older People’s Mental Health Services
 - (vii) Early Intervention in Psychosis Teams (EIP)
 - (viii) Primary Mental Health Teams.

Purpose of the Protocol:

The main aims of the protocol are to ensure that:

- The needs of families (adults and children) across the Bradford District are **routinely** assessed by both adults and children's workers jointly when the parent / carers needs may be impacting on the safety and wellbeing of the children.
- The needs of both the parent / carer and the child are fully considered by way of a joint assessment / joint visit / professionals meeting.
- The protocol provides a clear framework outlining to staff what is expected from them as an individual practitioner, what is expected from their practice when they are working jointly and what is expected from their organisation.
- Already established multi-agency procedures are recognised and utilised accordingly.

In their practice staff adhering to the Joint Protocol must ensure that they refer to the Bradford Safeguarding Children Board's Interagency Procedures <http://www.bradford-scb.org.uk/procedures.htm> for guidance on confidentiality and information sharing which states:

Confidentiality

The safety and welfare of the child overrides all other considerations including the following:

- Confidentiality
- The gathering of evidence
- Commitment or loyalty to relatives, friends or colleagues or commitment to the therapeutic relationship

In deciding whether there is a need to share information, professionals need to consider their legal obligations, including whether they have a legal duty of confidentiality towards the child. Where there is such a duty, the professional may lawfully share information if the child consents or if there is a public interest to do so, for example the public interest in protecting the child from harm. This must be judged by the professional on the facts of each case.

Where there is clear risk of significant harm to a child, or serious harm to adults, the public interest test will almost certainly be satisfied. However, there will be other cases where it is not so clear. In these cases, professionals will be justified in sharing some confidential information as part of their consultation with others, to enable them to make a decision about whether to make a referral and share fuller information. In these circumstances, the information shared should be proportionate. Such consultations should be carried out with the Duty Child Protection Co-ordinator in the Safeguarding and Reviewing Unit. (Telephone 01274 434343).

The overriding consideration must be the best interests of the child - for this reason, absolute confidentiality cannot and should not be promised to anyone.

Information Sharing

Sharing information is vital for early intervention to ensure that children with additional needs receive the services they require. It is also essential to protect children from suffering Significant Harm.

http://www.bradford.gov.uk/NR/rdonlyres/23CEB5C7-CF6B-4662-AACE-F69E94C80249/0/BradfordThresholdsofNeedVs1June2010_4FINAL.pdf

Practitioners are sometimes uncertain about when they can share information lawfully. It is important therefore that they:

- Understand and apply good practice in sharing information at an early stage as part of preventative work;
- Are clear that information can be shared where they judge that a child is at risk of Significant Harm; and
- Understand what information is and is not confidential, and the need in some circumstances to make a judgement about whether confidential information can be shared, in the public interest, without consent. See Chapter 1 of the BSCB interagency guidance.

<http://www.proceduresonline.com/bradford/scb/>

Bradford District Care Trust staff who require support or advice regarding confidentiality or information sharing should seek support from their line managers, the Named Doctor or Named Nurse for Safeguarding Children or the Trusts Information Governance Department.

**Joint Protocol – Bradford Children’s Social Care and Bradford District
Care Trust.**

Referrals to a Community Mental Health Team (CMHT).

Referrals can be made to the Community Mental Health Team (CMHT) Duty Worker by any of the following professionals: Children’s Social Worker; GP’s; Health Visitor; School Nurse; Midwife; Probation; Police; Education, Voluntary agencies as well as any other Bradford District Care Trust Service / Team.

Referrals to a CMHT will be accepted in written form (letter or by fax), over the telephone or on completion of a specific form (e.g. referral form to perinatal mental health services). Referrers are NOT required to follow up in writing if they have made a referral over the telephone.

Referrals will be accepted Monday to Friday 9.00am to 5.00pm on the following numbers listed below:

Community Mental Health Teams (CMHT’s) provide services to a number of different GP Practices across their sector. Therefore it is essential that the referrer know which GP Practice the adult parent / carer is registered with as this will help identify which CMHT to refer to. To assist the referrer some post codes for GP practices are listed below the relevant CMHT’s. Referrers may find this information helpful when making a referral. However referrers should be aware that there is some overlap of post codes and the list is not exhaustive.

AireWharfe CMHT

(Keighley, Bingley, Steeton, Ilkley, Menston, Burley)

Post codes: LS29, BD16, BD20, BD21, BD22

Tel: 01535 216020

Fax: 01535 662932

Bradford North CMHT

Shipley, Baildon, Idle

Post codes : BD2, BD9, BD10, BD17, BD18

Tel: 01274 531536

Fax: 01274 770779

City CMHT

Postcodes : BD1, BD2, BD3, BD5, BD7, BD8, BD9

Tel: 01274 228855 (Main office)

Fax: 01274 228892

The Craven Centre

Crosshills, Skipton, Grassington, Settle, Bentham

Tel: 01756 700688

Fax: 01756 796073

South & West CMHT – as of April 2011

Post codes : BD4, BD6, BD7, BD8, BD9, BD12, BD13, BD14, BD15

Tel: 01274 251010

Fax : 01274 322770

Outside of working hours (evenings, weekends, bank holidays) referrers should use the:

Emergency Duty Team

Tel: 01274 530434

Fax: 01274 530838

The on call duty Psychiatrist is available via the Lynfield Mount Hospital Switch Board on 01274 494194.

Each CMHT operates a duty system to deal with emergency referrals as well as offering advice (consultation) to the referrer. Referrers should consult with the CMHT Duty Worker if they are unclear on the most appropriate course of action and the response required.

It is the referrer's responsibility to state that the case requires a joint approach. This is most likely to include a joint visit, a joint assessment or a professionals meeting. The referrer must request this from the Duty Worker at the CMHT at the point of making the referral or discuss this as part of a consultation. The referrer will also need to state the perceived level of urgency and their reasons for requesting this multi-agency intervention.

It is the CMHT Duty Worker's responsibility to ensure that:

- (i) they make clear to the referrer the criteria for which cases are referred to a CMHT
- (ii) they help non mental health colleagues understand such criteria
- (iii) they ensure that the correct information is gathered from the referrer to support their referral.
- (iv) and consider the need for a joint approach.

The CMHT Duty Worker will confirm:

- (a) The referrer contact details
- (b) The details of the adult being referred including their GP
- (c) Carers contact details
- (d) Details of the other agencies involved and when the adult being referred was last seen by a professional
- (e) Seek information covering the following areas:-
 - **Mental health** - history, current presentation and precipitating factors/triggers (life events), medication compliance, engagement with professionals, impact of mental health on parenting and safety/wellbeing of the child or other adult family members. Any perinatal issues? Parental delusional beliefs or suicide plans involving a child.
 - **Family set up** – family composition, who lives with the service user. Who provides care for the service user? Is a carers assessment required? Are there any young carers issues? Are there any adult protection issues evident?
 - **Children** – this includes biological / step children, younger siblings, children of other family members or friends in their network. Does the adult being referred have contact with these children and in what capacity, does the adult being referred have parental responsibility. Confirm the details of the children - names, DOB, schools, GPs, health visitors / school nurses. Confirm if the children are known to children's social care (i.e. child protection plan, child in need, CAF). Confirm the name and contact details of the social worker. Are there risks to the children within the referral to the CMHT that necessitate a referral to children's social care? Are any of the children known to other services such as CAMHS, YOT, Barnardos?
 - **Drugs / Alcohol** – history of and current use of substances, how does this impact on the mental health / behaviour of the adult being referred. Any other family members misusing drugs / alcohol? How does this impact on the safety and wellbeing of other family members, including children.
 - **Domestic Abuse** – any history of this or is it present currently? What is the extent of the abuse (use the MARAC risk assessment) and consider a MARAC referral if necessary. Consider local domestic violence agency involvement. Have the police DV coordinators been contacted. If children are present this needs a referral to children's social care.

- **Offending history** – previous convictions, current offending behaviour and impact of this on others i.e. family, children. Any current probation or bail conditions, MAPPA.
- **Self harm / suicide** – history and current behaviours, plans, and the impact of this on others i.e. children.
- **Safety of workers** – any history of risks to workers i.e. threats, verbal / physical abuse, visiting in 2's etc.

Where necessary the Duty Worker will make further enquiries to collate the depth of information required to aid consideration of the referral. The CMHT Duty Worker will contact the referrer prior to any action being taken in response to the referral.

The Duty Worker will ensure that all written referrals will be uploaded onto RiO and all actions taken recorded in the progress notes. Telephone referrals will be documented in the progress notes along with details of the actions taken.

Where referrals are made to the Duty Worker from Other BDCT care groups (CAMHS, Substance Misuse Teams, Forensics, Adult In Patient Services, Intensive Home Treatment Teams, EIP, Primary Mental Health Workers, Older People's or Learning Disability Services)

It is expected that the referring practitioner will share with the CMHT Duty Worker:

- their formulation of the case
- any relevant care plans and risk assessments
- any previous history that would aid the referral

At the point of this initial referral the CMHT Duty Worker and the referring practitioner must agree a timescale for the CMHT Duty Worker to feedback the outcome of this referral to the referrer.

Referred Adult Does Not Require CMHT input:

If the Adult being referred does not require the assessment / support of the CMHT the CMHT Duty Worker will sign post the referrer to other more appropriate services.

The CMHT Duty Worker will feedback this information to the referrer and inform the referrer of why the adult does not require input from the CMHT. This can be done in writing or over the telephone and must be completed on or before the date agreed with the referrer. RiO progress notes will be updated accordingly.

The Duty Worker will ensure that all actions taken will be recorded in the RiO progress notes.

Referred Adult does require CMHT input:

If the referred adult does require CMHT assessment / support the CMHT Duty Worker will liaise with the CMHT Manager.

Requests for a joint approach between agencies will be responded to positively by CMHT Duty Workers and Managers who will support such joint working initiatives by agreeing the most appropriate response i.e. a joint assessment, a joint visit or a professionals meeting.

The CMHT Manager will:

- (a) Identify a worker to complete a joint visit / joint assessment / professionals meeting with the referrer within 14 days. This may require the CMHT team manager agreeing an immediate response due to the levels of risk or need involved.
- (b) Allocate the case within 3 working days (rapid allocation)

The CMHT Duty Worker will ensure that the referrer has the contact details of the team member who has been identified as the CMHT team member responsible for working with the referrer and completing the joint visit / joint assessment.

When a joint assessment / joint visit / professionals meeting has been agreed:

The CMHT practitioner responsible for completing this piece of joint work will:

- (a) Call the referrer to confirm the date, time and venue of the joint assessment / joint visit.
- (b) The CMHT practitioner and the referrer will share relevant information prior to the joint assessment / joint visit and ensure that they are both fully briefed and are clear of their roles and responsibilities when completing this task. Ideally Children's Social Care will lead on assessing the needs of each of the children within the family. The CMHT Practitioner will compliment this by assessing the needs of the parent / carer. It is acceptable for a professionals meeting prior to a joint visits / joint assessment to take place over the telephone.

When a joint assessment / joint visit / professionals meeting has been completed by a mental health practitioner and a Children's Social Worker:

The referrer and the CMHT practitioner will:

- (a) Ensure the assessment completed is shared within both agencies and recorded / filed in the relevant place (paper file or electronic file). This could be a combined report that is co-authored by both practitioners.
- (b) Any children's issues that require attention will be owned by the Children's Social Worker who will complete an Initial Assessment within 7 working days.
- (c) Any issues pertaining the mental health of the parent / carer will be fed back to the relevant Team Manager and discussed at the CMHT referral / allocation / MDT meeting.
- (d) Workers will need to jointly consider the parenting capacity of the parent / carer and how this impacts on the child(ren) i.e. is the parenting being provided adequate to meet the needs of the children / how does the parent's needs (mental health, substance misuse, domestic abuse) impact on their role as a parent? This will need to be recorded in the joint report.
- (e) Ongoing work, actions and decisions for the case referred will be planned jointly, taken jointly and reviewed jointly and recorded within each agency.
- (f) There will be a clear plan with a timescale following the joint assessment / joint visit/ professionals meeting and this should be made readily available to staff within both agencies.
- (g) Practitioners from both agencies will ensure that they contribute fully to relevant care meetings (Care Programme Approach / Child Protection conferences, reviews, etc), share their findings and provide reports.

If there is no role for the CMHT Practitioner then the CMHT Practitioner will:

- (a) Explain this to the Social Worker
- (b) Record this in the joint report
- (c) Outline what actions are required.

The referrer to the CMHT Team will then:

- (a) Consider the response of the mental health practitioner and document it accordingly and
- (b) Discuss with their line manager any concerns they may have regarding this decision.

The Initial Assessment will proceed to a Core Assessment if:

- 1) The needs of the parent / carer are complex (as per the Bradford Children's Social Care Threshold of Need, 2010) Tier 3 and 4 OR as outlined by the mental health practitioner's contribution to the joint report.
- 2) The children's needs are complex (as per the Bradford Children's Social Care Threshold of Need, 2010) Tier 3 and 4 and as outlined by the Children's Social Worker's contribution to the report.
- 3) There have been two or more Initial Assessments completed within the last 12 months OR where there has been a cluster of recent referrals made within the last 3 months.
- 4) Where the practitioners involved deem the risk factors to be high and posing a significant risk to the safety of the children.

Where a joint assessment / joint visit is completed by a CMHT practitioner and the referrer to the CMHT is NOT a children's social worker:

The practitioners involved in completing the joint assessment / joint visit will:

- (a) Ensure the assessment completed is shared within both agencies and recorded / filed in the relevant place (paper file or electronic file). This could be a combined report that is co-authored by both practitioners.
- (b) Ensure that any concerns regarding the referral should be discussed with their agency's own safeguarding children lead / safeguarding children team for advice.
- (c) Ensure that any concerns regarding the safety and wellbeing of the children are referred to Bradford Children's Social Care following completion of the joint assessment / joint visit / professionals meeting. Practitioners who have completed a joint assessment / joint visit must agree who will make the referral; ensure this is completed within a timely fashion.
- (d) Referrals will be made in accordance with the referrer's single agency policy and procedure for safeguarding children and will adhere to the Bradford Children's Social Care Threshold of Need Document (2010).
<http://www.bradford-scb.org.uk/PDF/Bradford%20Thresholds%20of%20Need%20Vs%201%20June%202010.pdf>

Referrals to Bradford Children's Social Care will require the completion of a Common Referral form to Bradford Children's Social Care <http://www.bradford-scb.org.uk/PDF/Common%20Referral%20Form%20Bradford%20Children's%20Social%20Care.doc>

as well as a telephone referral to the Children's Initial Contact Point.
Telephone: 01274 437500 **Fax:** 01274 434732 **By Post:** P.O. Box 992, Bradford, BD1 5WS

- (e) Where Adult Protection issues have been identified the CMHT practitioner will refer these to their organisations APRAC (Adult Protection Risk Assessment Coordinator) for further consideration and / or action http://www.bradford.gov.uk/bmdc/health_well-being_and_care/adult_care/adult_abuse
- (f) Where Domestic Abuse issues have been identified both workers will refer to the multi-agency procedures for Domestic Abuse (MARAC) and adhere to those accordingly. http://www.bradford.gov.uk/BRADFORDMDC/Core/SearchResults.aspx?as_sitesearch=www.bradford.gov.uk&q=MARAC&MainControl%24Searchform2%24ctl01=Search
- (g) Case discussion can also be sought from the Safeguarding and Reviewing Unit's Child Protection Duty Co-ordinators (Tel: 01274 434343).

When a referral has been made to Bradford Children's Social Care via the Children's Initial Contact Point.

The Children's Initial Contact Point customer advisor will respond positively to referrals that are made following a joint assessment, joint visit or professionals meeting and assist the referrer by:

- (a) Requesting the details of the adult and their date of birth as well as the details of the children (name, date of birth, gender, address & telephone number).
- (b) Ascertain what the risks and the protective factors are, brief view of the concerns. This will include seeking an understanding of how the adult's mental health needs / substance misuse needs / domestic violence / perinatal issues are impacting on their parenting and the safety and wellbeing of the children and other family members.
- (c) If the case is already known to Children's Social Care then the customer advisor will direct the referrer to the Social Work team and social worker holding the case. Information from the referrer will be recorded within an hour of the referral being made. To assist the referrer the contact details for the Children's Social Care Offices are listed below:

Keighley Office: 01535 618123

Fax: 01535 618084

3rd Floor

The Town Hall

Bow Street

Keighley BD21 3PA

Springfield Office (including Looked After Children and Children's Complex Health Needs Team): 01274 435800

Fax: 01274 436581

Springfield Complex

Squire Lane

Bradford BD9 6RA

Rooley Lane Office: 01274 435901

Fax: 01274 435906

297 Rooley Lane

Bradford BD5 8LY

Romanby Shaw Office: 01274 435600

Fax: 01274 619210

9 Romanby Shaw

Greengates

Bradford BD10 0EH

- (d) If the case is not known to Children's Social Care then the case will be accepted as a referral and the information recorded as a contact within 24 hours. The referrer will then be transferred to the Duty Social Worker of the relevant assessment team.
- (e) If the case has recently been closed (within the last 4 weeks) the call will be transferred to the manager of the team who last held the case. It is this managers responsibility to appraise the new information received and decide whether the case should be re-opened with immediate effect.

Practitioners making the referral to Bradford Children's Social Care following a joint assessment / joint visit / professionals meeting will request to speak to either the allocated Social Worker for the case (if it is already open) or the Duty Social Worker of the relevant assessment team to make a new referral and will:

- (a) State that they have completed a joint assessment, joint visit or professionals meeting
- (b) Outline what the concerns, risks and protective factors are with regards to the children.

- (c) Share the findings of the joint assessment, joint visit, professionals meeting
- (d) Explain how and in what way the parent / carers mental health problems / substance misuse problems / domestic abuse issues may be impacting on the wellbeing / safety of the child.
- (e) Explain any diagnoses, symptoms, early warning signs, medication, treatment or Mental Health Act detail to the Social Worker.
- (f) Share the most current risk assessment of the parent / carer as well as the care plan.

The Children's Social Worker / Duty Social Worker and / or their manager will:

- (a) Accept this information as a referral.
- (b) Clarify risks / concerns / protective factors
- (c) Record all information on liquid logic (within 1 hour if known or within 24 hours in unknown).
- (d) The manager will assess what the risks / concerns are and decide to progress to an Initial Assessment or not.
- (e) The timescale for this decision will be confirmed with the referrer.
- (f) When this decision has been reached the Children's Social Worker / Duty Worker will contact the referrer to confirm both the decision as well as the reasons for this.
- (g) The referrer should follow up telephone referrals in writing within 48 hours using the Common Referral form
<http://www.bradford-scb.org.uk/PDF/Common%20Referral%20Form%20Bradford%20Children's%20Social%20Care.doc>

When a referral has been accepted by Bradford Children's Social Care:

The practitioners involved in making this referral will:

- a) Ensure that their joint report is made available to Bradford Children's Social Care to support the referral made.
- b) Clarify the response from Bradford Children's Social Care along with any plan and timescale.
- c) Ensure that Children's Social Care contribute to the already existing plan for the referral and contribute to any other processes already in place i.e. Care Programme Approach (mental health), MARAC etc.
- d) Ensure there is a contingency plan in place for the family.
- e) Contribute fully to the Children's Social Care assessment as required.

If there is no role for Children's Social Care then the Social Worker will:-

- (a) Explain this to the mental health practitioner
- (b) Record this in the joint report.
- (c) Outline what actions are required i.e. signposting to a more appropriate service, Child in Need, completion of a CAF for example.

The referrer to Children's Social Care will then:

- (a) Consider the response of the Children's Social Worker / Duty Worker / Manager with the CMHT practitioner and document it accordingly.
- (b) Discuss with the CMHT practitioner whether they feel this response is appropriate and safe for the children.
- (c) Seek guidance from their organisations Safeguarding Children Lead / Safeguarding Team as to whether to escalate this case further using the BSCB interagency procedures for professional disagreements or the BDCT procedures for escalation outlined below.
<http://www.proceduresonline.com/bradford/scb/>

Ongoing support to the referred Adult by CMHT's

CMHT practitioners must ensure that in providing care/treatment to the referred adult they:-

- (a) Remain in contact with and liaise with other agencies involved in the life of the children i.e. Children's Social Care, Health Visitor, GP, School Nurse.
- (b) CMHT Practitioners must adhere to the Trust's Care Programme Approach and Safeguarding Children policy and procedure ensuring that the needs of the children are considered at all points of service user's journey with BDCT.
- (c) Information about transfers of care between practitioners, teams or services, discharge planning, changes in medication or treatment plans, changes in mental health presentation and engagement with the CMHT practitioners or services must all be shared and considered with Children's workers.
- (d) Children's Workers must be routinely invited to all Care Programme Approach meetings for the adult service user.
- (e) Correspondence upon transfer / discharge must be routinely sent to all Children's Workers.

- (f) Where the children of adult service users are subject to a Child Protection strategy meeting, conference, plan or core group or if they are a Child in Need the CMHT practitioners must contribute to these processes by attending the relevant meetings in person and providing a report using the relevant report template.

Escalation Process:

To ensure that the practice of Bradford District Care Trust staff supports the safety and wellbeing of children and adults and adheres to the requirements of the Joint Protocol a local escalation process has been agreed.

Stage .1 – Professionals Discussion

There may be occasions when a referrer to a CMHT has concerns about decisions taken by the CMHT Practitioner or Duty Worker in respect of referrals received. If this is the case the referrer should initially seek to understand the decisions reached and ask additional questions of the CMHT Practitioner or Duty Worker to aid their understanding.

Stage .2 – Manager to Manager Discussion

If after the above professional discussion the referrers concerns remain OR if the referrer feels that there are additional complicating issues (for example professional conduct concerns, poor joint working practices which may include a lack of information sharing or joint assessment or perceived lack of response to risk) the referrer should pass the issue to their own Team Leader who will be responsible for contacting the CMHT Team Leader directly to secure a resolution. It is envisaged that in most cases a local response will be found by both agencies working together to support the ethos of the Joint Protocol.

Cases where there is a lack of progress towards a resolution should be escalated by the referrer to the Named Nurse Safeguarding Children for consideration and / or further action. It is the Named Nurses responsibility to challenge the CMHT Duty Worker / CMHT Practitioner and their manager about the decisions reached and advise them of the necessary actions required in that situation to promote a safe solution.

Stage .3.

In the unlikely event that such professional differences of opinion remain or where issues of professional misconduct or competency have been identified it is the Named Nurse Safeguarding Children at Bradford District Care Trust who will escalate this case. This will involve the Named Nurse Safeguarding Children

referring the case to the Director of Nursing and Operations (Board Level Executive with responsibility for Safeguarding) as well as referring the case to the Bradford Safeguarding Children Board Manager as per Chapter 7.2 of the BSCB Inter-Agency Procedures for Resolving Professional Disagreements.

Referrals to Bradford Children's Social Care

Mental Health Practitioners who wish to refer a child must complete both a telephone referral and a written referral to Bradford Children's Social Care.

Mental Health Practitioners must call:

During Working Hours: the Children's Initial Contact Point on 01274 437500.
Fax: 01274 434732

It is the Mental Health Practitioners responsibility to confirm:

- (a) Their contact details
- (b) The details of the child being referred (name, date of birth, gender, address)
- (c) The Adult mental health service user's details who is the child's parent / carer
- (d) Whether they feel a joint approach between Adult Mental Health and Children's Social Care is required. This is most likely to include a joint visit, a joint assessment or a professionals meeting.
- (e) State their concerns about the child and the evidence for these, paying particular attention to the risks to the child's safety and wellbeing and other family members, the adult's mental health / substance misuse / domestic abuse issues / perinatal issues and how this impacts on the ability to parent.
- (f) Request to speak to either the Duty Social Worker of the relevant Assessment Team or the named Social Worker if the case is already open.
- (g) Liaise with the CAMHS Service to ascertain if the child(ren) or their siblings are known to that service and gather relevant information.

Outside of working hours, weekends or bank holidays: the Emergency Duty Team must be contacted on 01274 431010.

The referrer must follow-up telephone referrals in writing within 48 hours using the Common Referral Form <http://www.bradford-scb.org.uk/PDF/Common%20Referral%20Form%20Bradford%20Children's%20Social%20Care.doc>

The Children's Initial Contact Point customer advisor will respond by:

- (a) Requesting the details of the adult and their date of birth as well as the details of the children (name, date of birth, gender, address & telephone number).
- (b) Ascertain what the risks and the protective factors are, brief view of the concerns. This will include seeking an understanding of how the adult's mental health needs / substance misuse / domestic abuse / perinatal issues are impacting on their parenting and the safety and wellbeing of the children and other family members.
- (c) If the case is already known to Children's Social Care then the customer advisor will direct the referrer to the Social Work team and social worker holding the case. Information from the referrer will be recorded within an hour of the referral being made.
- (d) If the case is not known to Children's Social Care then the case will be accepted as a referral and the information recorded as a contact within 24 hours. The referrer will then be transferred to the Duty Social Worker of the relevant assessment team.
- (e) If the case has recently been closed (within the last 4 weeks) the call will be transferred to the manager of the team who last held the case. It is this manager's responsibility to appraise the new information received and decide whether the case should be re-opened with immediate effect.
- (f) A written referral should be acknowledged within one working day of receipt. If the referrer has not received a response within three working days he / she should contact the Children's Initial Contact Point.

To assist the referrer the contact details for the Children's Social Care Offices are listed below:

Keighley Office: 01535 618123

Fax: 01535 618084

3rd Floor

The Town Hall

Bow Street

Keighley BD21 3PA

Springfield Office (including Looked After Children and Children's Complex Health Needs Team): 01274 435800

Fax: 01274 436581

Springfield Complex

Squire Lane

Bradford BD9 6RA

Rooley Lane Office: 01274 435901
Fax: 01274 435906
297 Rooley Lane
Bradford BD5 8LY

Romanby Shaw Office: 01274 435600
Fax: 01274 619210
9 Romanby Shaw
Greengates
Bradford BD10 0EH

Requests for a joint approach (joint assessment, joint visit, professionals meeting) between agencies will be responded to positively. The Duty Social Worker / the Named Social Worker (if the case is open) and / or their manager will agree the most appropriate response.

The Duty Social Worker / Named Social Worker or the manager will:

Identify a worker to complete a joint visit / joint assessment / professionals meeting with the mental health practitioner within 7 working days. This may require the manager agreeing a more immediate response due to the levels of risk or need involved.

The Duty Social Worker or the Named Social Worker will ensure that the mental health practitioner has the contact details of the social work team member responsible for completing the joint assessment / joint visit / professionals meeting.

When a joint assessment / joint visit / professionals meeting has been agreed:

The Social Worker responsible for completing this piece of work will:

- (a) Call the mental health practitioner to confirm the date, time and venue of the joint assessment / joint visit / professionals meeting
- (b) The Social Worker and the mental health practitioner will share relevant information prior to the joint assessment / joint visit and ensure that they are both fully briefed and are clear of their roles and responsibilities when completing this task. Ideally Children's Social Care will lead on assessing the needs of each of the children within the family. The CMHT Practitioner will compliment this by assessing the needs of the parent / carer. It is acceptable for a professionals meeting prior to a joint visits / joint assessment to take place over the telephone.

When a joint assessment / joint visit / professionals meeting has been completed by a mental health practitioner and a Children's Social Worker:

The Mental Health practitioner and the Social Worker will:

- (a) Ensure the assessment completed is shared within both agencies and recorded / filed in the relevant place (paper file or electronic file). This could be a combined report that is co-authored by both practitioners.
- (b) Any children's issues that require attention will be owned by the children's social worker who will complete an Initial Assessment within 7 working days.
- (c) Any issues pertaining the mental health of the parent / carer will be fed back to the relevant team Manager and discussed at the CMHT referral / allocation / MDT meeting. CPA policy and procedure for Bradford District Care Trust must be adhered to and be used to consider the needs of the child at all stages of the service user's treatment.
- (d) Workers will need to jointly consider the parenting capacity of the parent / carer and how this impacts on the child(ren) i.e. is the parenting being provided adequate to meet the needs of the children / how does the parent's needs (mental health, substance misuse, domestic abuse) impact on their role as a parent? This will need to be recorded in the joint report.
- (e) Where Adult Protection issues have been identified the Mental Health practitioner will refer these to their organisations APRAC (Adult Protection Risk Assessment Coordinator) for further consideration and / or action
http://www.bradford.gov.uk/bmdc/health_well-being_and_care/adult_care
- (f) Where Domestic Abuse issues have been identified both workers will refer to the multi-agency procedures for Domestic Abuse (MARAC) and adhere to those accordingly.
http://www.bradford.gov.uk/BRADFORDMDC/Core/SearchResults.aspx?as_sitesearch=www.bradford.gov.uk&q=MARAC&MainControl%24Searchform2%24ctl01=Search
- (g) Ongoing work, actions and decisions for the case referred will be planned jointly, taken jointly and reviewed jointly and recorded within each agency.
- (h) There will be a clear plan with a timescale following the joint assessment / joint visit/ professionals meeting and this should be made readily available to staff within both agencies.
- (i) Practitioners from both agencies will ensure that they attend the relevant meetings (Care Programme Approach / Child Protection conferences / reviews), share their findings and continue to contribute to the multi-agency plan for the safety and wellbeing of the children and family members.

If there is no role for Children's Social Care the Social Worker will:-

- (a) Explain this to the mental health practitioner and the reasons
- (b) Record this in the joint report.
- (c) Outline what actions are required i.e. signposting to a more appropriate service, Child in Need, completion on a CAF for example.
http://www.bradford.gov.uk/bmdc/health_well-being_and_care/child_care/Integrated_Working/CAF

The Initial Assessment will proceed to a core assessment if:

- a) The needs of the parents / carers are complex (as per the Bradford Children's Social Care Threshold of Need, 2010) Tier 3 and 4 or as outlined by the mental health practitioner's contribution to the joint report.
- b) The children's needs are complex (as per the Bradford Children's Social Care Threshold of Need, 2010) Tier 3 and 4 and or as outlined by the Children's Social Worker's contribution to the report.
- c) There have been two or more Initial Assessments completed within the last 12 months OR where there has been a cluster of recent referrals made within the last 3 months.
- d) Where the practitioners involve deem the risk factors to be high and posing a significant risk to the safety of the children.

It is the mental health practitioners responsibility to support Social Care colleagues to understand:

- (a) How and in what way the parent / carers mental health problems / substance misuse problems / domestic abuse issues may be impacting on the wellbeing / safety of the child.
- (b) Explain any diagnoses, symptoms, early warning signs, medication, treatment or Mental Health Act detail to the Social Worker.
- (c) Share the most current risk assessment of the parent / carer as well as the care plan.

All telephone referrals to Bradford Children's Social Care must be followed up in writing using the Common Referral Form <http://www.bradford-scb.org.uk/PDF/Common%20Referral%20Form%20Bradford%20Children's%20Social%20Care.doc> for Bradford Children's Social Care within 48 hours of a telephone referral being made.

Advice and support can be sought from either the Named Nurses for Safeguarding Children and the Safeguarding Children team. The contact details are below:

Dawn Lee
Named Nurse Safeguarding Children
Bradford District Care Trust (for mental health services)
Tel: 01274 323721 / 07930 108630

Safeguarding Team
Named Nurse: Amanda Lavery and Specialist Practitioners (for Community Services i.e. Health Visitors, School Nurses)
Bradford District Care Trust
Duty: 01274 221001

Escalation Process:

To ensure that the practice of Bradford Children's Social Care supports the safety and wellbeing of children and adults and adheres to the requirements of the Joint Protocol a local escalation process has been agreed.

Stage .1 – Professionals Discussion

There may be occasions when a referrer to Children's Social Care has concerns about decisions taken by the Children's Social Worker in respect of the referral received. If this is the case the referrer should initially seek to understand the decisions reached and ask additional questions of the Children's Social Worker to aid their understanding.

Stage .2 – Manager to Manager Discussion

If after the above professional discussion the referrers concerns remain OR if the referrer feels that there are additional complicating issues (for example professional conduct concerns, poor joint working practices which may include a lack of information sharing or joint assessment or perceived lack of response to risk) the referrer should pass the issue to their own Team Leader who will be responsible for contacting the Children's Social Care Senior Care Manager directly to secure a resolution.

It is envisaged that in most cases a local response will be found by both agencies together that will support the ethos of the Joint Protocol.

Stage .3

In the unlikely event that such professional differences of opinion remain or where issues of professional misconduct or competency have been identified it is the Named Nurse Safeguarding Children at Bradford District Care Trust who escalate this case. This will involve the Named Nurse Safeguarding Children referring the case to the Bradford Safeguarding Children Board Manager as per Chapter 7.2 of the BSCB Inter-Agency Procedures for Resolving Professional Disagreements.

Audit and Evaluation

The Joint Protocol between Bradford Children's Social Care and Bradford District Care Trust is one of the actions recorded on the Child J Single Agency Action Plan for Bradford District Care Trust. Completion and launch of the protocol is the first step in effecting change in practice. Further audit work will be completed by the end of 2011. Findings and recommendations will be scrutinised by the Performance Management Audit & Evaluation sub group of the Bradford Children's Safeguarding Board who will agree necessary actions to refine the protocol further.

Dawn Lee
Named Nurse Safeguarding Children
Bradford District Care Trust
5th May 2011.

Helen Serlin
Social Worker
Bradford Children's Social Care
5th May 2011.