

**PROTOCOL FOR  
CHILDREN'S AND ADULTS  
SERVICES:**

**RAISING CONCERNS  
ABOUT A  
VULNERABLE CHILD OR ADULT**

**MARCH 2010**



**SheffieldAdult  
SafeguardingPartnership**

<b>Title of Policy</b>	<b>Protocol for Children's and Adults Services: Raising Concerns about a Vulnerable Child or Adult</b>	
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## 1.0 Introduction

1.1 There are many situations where children may be living with or regularly having contact with vulnerable adults. Children's workers may become aware of vulnerable adults about who they may have concerns, in the household, extended family, or neighbourhood for example. Adult workers may also have concerns about children with whom they have knowledge. In order to safeguard both children and vulnerable adults in such situations, it is essential that children's and adults services work together effectively.

1.2 It is well established that the needs of children are usually best met by living within their own families. However, in situations where they are being cared for by vulnerable adults, these needs can only be understood and met by assessing the whole family, but particularly the parents / carers. Research strongly indicates that where children are being cared for by vulnerable adults, particularly those with substance use or mental ill health issues, they are more likely to be at risk of being harmed within their families. The same research noted that inquiries into child deaths have shown that close joint working between professionals involved with the whole family can impact positively on child protection planning and is vital for a full understanding and assessment of risk<sup>1</sup>.

1.3 However, it is not just children who may be at risk of harm. Vulnerable adults may also be susceptible to abuse from other adults and from children. Also, it is important to remember that a young person who is considered vulnerable will, therefore, become a vulnerable adult on their 18<sup>th</sup> birthday. This protocol therefore, is to ensure effective and timely referrals between all adult and children's services, including transition between children's and adults' services in Sheffield, and promote good practice in multi-agency working.

1.4 This is a collaborative protocol between Sheffield Safeguarding Children Board (SSCB) and Sheffield Adult Safeguarding Partnership (SASP). It is a generic protocol about how to raise concerns about a vulnerable child or adult. It should be read in conjunction with the specific protocol relevant to the circumstances. These include:

- substance misuse
- learning disabilities
- physical disabilities
- mental health.

These are available from the SSCB website [www.safeguardingsheffieldchildren.org.uk](http://www.safeguardingsheffieldchildren.org.uk) or <http://www.sheffield.gov.uk/safe-sound/protection-from-abuse/adults>.

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<sup>1</sup> *Biennial analysis of the Impact of Serious Case Reviews 2005-2007*, Brandon et al, 2009

1.5 Workers from Children and Families Services and Adult Social Care should refer to Working with Parents with a Disability Protocol for further information (see References - Section 8).

## 2.0 Purpose

2.1 The purpose of this protocol is to:

- provide a clear framework for referral, assessment and ongoing work with families where vulnerable adults are caring for children
- develop and improve joint working practices across children's and adults services
- ensure that children's needs are prioritised and they are safeguarded from abuse and harm, but that vulnerable adults who may be at risk from harm from children or anyone else are also protected.

## 3.0 Definitions

### Child

3.1 A **child** is defined in the *Children Acts* 1989 and 2004 as anyone who has not yet reached their 18<sup>th</sup> birthday. **Safeguarding and promoting the welfare of children** is defined, in *Working Together to Safeguard Children* (2006), as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

3.2 Children in need are those, defined under s17 of the Children Act 1989, who are unlikely to reach or maintain a satisfactory level of health or development or their health or development are likely to be significantly impaired without the provision of services, or who are disabled. Local authorities have a duty to safeguard and promote the welfare of children in need.

3.3 Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities (Las) a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. Harm can be categorised as physical, emotional or sexual abuse or neglect.

## **Vulnerable adult**

3.4 A **vulnerable adult** is a person over the age of 18 and

*'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. (No Secrets Department of Health 2000)*

3.5 Different types of abuse of vulnerable adults are defined in *No Secrets* as:

- **physical abuse** including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions
- **sexual abuse** including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting
- **psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks
- **financial or material abuse** including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- **neglect and acts of omission** including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating, and
- **discriminatory abuse** including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

3.6 Under adult safeguarding procedures, an adult requiring a safeguarding investigation does not need to meet the Fair Access to Care eligibility threshold.

## **4.0 Legislative and Policy Framework**

4.1 The following legislation and policies have provided the framework for this protocol:

- *The Children Act 1989*
- *The Children Act 2004*
- *Mental Capacity Act 2005*
- *Every Child Matters 2003*
- *Working Together to Safeguard Children 2006*
- *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* Department of Health 2000

- *The Framework for the Assessment of Children in Need and their Families* Department of Health 2000
- *South Yorkshire Safeguarding Children Board Child Protection Procedures* 2007
- *Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work* 2005
- *Safeguarding Adults: Protection Procedures for South Yorkshire* 2007
- *Working with Parents with a Disability* Protocol between Communities Adult Disability Services and Children' and Families Fieldwork and Multi-agency Support Services 2009

## 5.0 Action to be taken by staff concerned about a child or vulnerable adult

### Staff working in Adult Services who are Concerned about a Child

5.1 All staff assessing or working with vulnerable adults have a duty to consider the needs of any children (including unborn children) living in the same household and / or in their care. In particular, consideration should be given to the impact of the adult's/s vulnerability on their capacity to care for and safeguard their children, or those living in the household.

### Likelihood of Significant Harm

5.2 If a worker is concerned that a child is suffering, or likely to suffer, significant harm, a telephone referral must be made as soon as possible to the appropriate area Nine Week Social Care Service, in Children and Families Services:

Area	Services Districts	Contact numbers
<b>North</b> Meade House	Parson Cross/Ecclesfield	0114 203 9594
	Shiregreen/Burngreave	0114 203 9591
<b>East</b> Darnall Office	Arbourthorne/Manor/Darnall	0114 203 7506
	Mosborough/Handsworth	0114 203 7463
<b>West</b> Redvers House	Greenhill/Gleadless	0114 273 4965
	Rivelin to Sheaf	0114 273 5114
	Hillsborough/Upper Don	

5.3 If professionals need to refer a child who they think is suffering or likely to suffer, significant harm outside of office hours, they should ring the **Out of Hours Service** (Mon – Thurs 17.15 to 08. 45, Fri – Mon 16.45 to 08.45) on **273 4855**.

**In an emergency, ring 999 to contact South Yorkshire Police.**

5.4 Following the telephone referral, the worker should confirm their concerns in writing to the area Nine Week Service within **24 hours**. This should include information as listed in Section 5.7 of the South Yorkshire Safeguarding Children Boards' Child Protection Procedures 2007: Information required when making a Referral (see Appendix 1 of this document). If the child has

been the subject of a Common Assessment Framework (CAF) then a copy, together with a copy of the multi-disciplinary plan, should be attached to the written confirmation. If the professional does not have a copy, reference to the completed CAF detailing who undertook it and their contact details, if known, should be made in the written confirmation.

**Children with additional needs, but not at risk of significant harm**

5.5 Staff in adult services should consult with the relevant area Social Worker for Prevention and Intervention (SWPI) if they are not confident about completing a Common Assessment Framework (CAF) with the family. The SWPI can be contacted by ringing the relevant MAST office (see section 5.8 for contact details).

5.6 If the cause of the concern relates to a parent with a learning disability, the professional undertaking the CAF should check whether the parents names is held on the Case Register (held at The Ryegate Centre 0114 271 7000), as this will clarify the nature and extent of the disability.

5.7 If a CAF has already been undertaken but the plan is not delivering the intended outcome for the child, then referral to the relevant MAST + Allocation meeting will need to be considered. Again agreement will need to be reached about who is to make that referral.

5.8 Below are the contact details for each of the Multi-Agency Support Service (MASS) offices.

<b>MASS</b>	<b>Contact number</b>
Parson Cross/Ecclesfield (Social Care North)	2053805
Shiregreen/Burngreave (Social Care North)	2331189
Arbourthorne/Manor/Darnall (Social Care East)	2395872
Mosborough/Handsworth (Social Care East)	2053635
Greenhill/Gleadless (Social Care West)	2530956
Rivelin to Sheaf (Social Care West)	2506880
Hillsborough/Upper Don (Social Care West)	2310024

5.9 If a parent or a member of the public tells a worker they want to make a referral about a child or children, they should be informed that they should telephone the relevant area social work office (see section 5.2) or (0114) 273 4855..

**Staff working in Children’s Services concerned about a Vulnerable Adult**

5.10 All staff assessing and working with children have a duty to consider the needs of the adult(s) who is caring for them, or living in the same household, particularly if it is considered that the adult is vulnerable. In particular staff should undertake an assessment of the vulnerable adults’ capacity to meet

the needs of their children (including unborn children) and to safeguard them from harm.

5.11 If a member of staff working with children has concern that an adult is in need of services for his / herself, that his / her capacity to provide adequate care to the child is affected by his / her vulnerability, or that the adult may be suffering abuse or exploitation, then advice should be sought from their line manager in the first instance. If the line manager is not available then another service manager should be consulted, or a referrer agency i.e. Adult Services Access Team (0114 273 4908) or South Yorkshire Police. Please see South Yorkshire Adult Protection Procedures for further advice and information or visit the Adult Protection web pages.

[www.sheffield.gov.uk/safe--sound/protection-from-abuse/adults](http://www.sheffield.gov.uk/safe--sound/protection-from-abuse/adults)

5.12 Any member of staff working with children who becomes aware of a vulnerable adult in need of services and / or protection, with whom they are not directly involved, should seek advice about appropriate action, as above in section 5.11.

### **Joint Working**

5.13 There needs to be a shared responsibility of all the professionals involved in working with a family, or individual in order to make effective use of all their knowledge and experience and therefore provide the best standards of care for those involved. Joint working should also guarantee a more thorough assessment, which in turn will ensure that children at risk are identified and safeguarded (through a child protection plan or a child in need plan). Joint working needs to take place in all cases where there are both children and vulnerable adults in the family.

5.14 If there are identified concerns about the safety of a child or adult, there will be a joint planning or initial strategy meeting at the outset to share information and make immediate plans to safeguard the child or adult.

5.15 Adult social care will lead the care management process **unless** the complexity of the child needs dictate otherwise, regardless of the source of the referral<sup>2</sup>. It is the responsibility of both agencies to provide a coordinated response to the family.

5.16 The assessment of needs will take full account of a vulnerable adult's parenting role and responsibilities and this will be reflected in the resultant care plan, describing how it is intended to meet those needs. The assessment will be informed by information and advice from specialist professionals and clinicians in both adults and children's services (ibid).

5.17 The needs of all carers, including young carers, should be recognised. Time consuming and / or inappropriate tasks and responsibilities, which adversely impact upon the child's welfare, should be avoided by providing adequate and accessible support services to the vulnerable parent and their

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<sup>2</sup> *Working with Parents with a Disability* Protocol 2009

family. This may include services from the Sheffield Young Carer's Project (ibid).

5.18 All formal reviews will be conducted jointly where possible and led by Adult Social Care, unless the child is subject to a Child Protection Plan, when the lead services will need to be subject to negotiation. Reviews will take account of the statutory and mandatory requirements in both adults' and children's services (ibid).

5.19 It is expected that all involved partner agencies should be fully involved in meetings where the wellbeing of a child or adult is discussed. Other agencies who may become involved as a result of any action that the meeting may decide should also be invited. These meetings will include Child in Need meetings, Child Protection or Safeguarding Adult Conferences, Strategy meetings and Care Programme Approach (CPA).

### **Case Responsibility**

5.20 Responsibility for case management of each child or adult should remain with the relevant child or adult key worker and each agency should maintain its own files. Social workers, and other professionals, should be expected to share relevant reports etc (where this is compatible with data protection legislation) and ensure these are placed on file.

5.21 In the case of care plans being developed for both a child and their parent / carer, they should be developed jointly and with the involvement of the family, and advocate if applicable. Once the draft plans are in place, the lead manager will convene a final meeting to ensure that one 'holistic' care plan for the family, incorporating the needs of both the parent(s) and the child(ren), is in place.

### **Communication and Liaison**

5.22 Any issues of practice or communication that arises between agencies should initially try to be resolved between them. If this is not possible, the Sheffield Safeguarding Children Board and / or the Sheffield Adult Safeguarding Partnership should intervene to resolve the dispute, as appropriate.

### **Information Sharing and Confidentiality**

5.23 There is a statutory duty for professionals to share information, where there are concerns about the safety or wellbeing of a child or vulnerable adult. This will sometimes mean sharing information about the adults caring for that child, or about adults at risk, without prior consent of that adult. Where possible, good practice is to work in partnership with parents / carers, and gain their consent to share information. However, in child protection cases, the child's need for safety is paramount. As long as disclosure to the parents is not likely to increase the risk, the parents should be informed in advance that information is to be shared with all relevant professionals (including any relevant Adult Services). See Chapter 3 of the *South Yorkshire Child Protection Procedures 2007* for further information.

5.24 However, where a child is the subject of a child protection investigation and where it is considered that to inform the parents / carers at that stage would put the child at greater risk, information must be shared with the relevant professionals, before deciding when and what information is provided to the parent / carer. It is the responsibility of the children's social worker, with his/her team manager (usually in liaison with South Yorkshire Police Public Protection Unit in Sheffield) to consider these issues and to decide when a parent needs to be told about the child protection investigation.

5.25 It is therefore the responsibility of all other professionals working with the family to share information with the child's social worker, when requested to do so as part of a child protection investigation.

5.26 Adult workers / managers should explain this to parents as part of their working contract with them, so that they are clear that information relating to the safety and protection of the child cannot be kept confidential. This will include information about the adults' functioning in so far as it impacts on the child. If the adult worker / manager is not clear whether the child is a 'child in need' or a child about whom there are child protection concerns, this should be discussed with Sheffield Safeguarding Advisory Service (0114 205 3535; Mon - Fri 9 - 5).

5.27 If a children's worker becomes concerned about an adult's ability to care for themselves or their dependents, then the worker should liaise with other services, as appropriate. This may be their GP, social worker, health care worker etc.

5.28 Information about a vulnerable adult at risk can (and should) be shared without the adult's consent, provided certain conditions are satisfied and the information is shared for the purposes of safeguarding the adult or others who may be at risk. See Section 3.11 of Safeguarding Adults, Procedures for South Yorkshire, for further information.

5.29 Adult workers when working with a young adult are required to check with the Child Protection Enquiry Team (273 4925) whether there have been any previous safeguarding issues relating to that individual.

5.30 Adult services have introduced a multi agency framework, the Vulnerable Adult Risk Management Model (VARMM), for working with vulnerable adults who either self neglect or refuse to engage with services, and there are concerns about their safety. Further information can be obtained from the team where the vulnerable adult is located.

## **6.0 Transition from children to adult services**

6.1 Young people with long term needs may need to move from children services to adult services. This is known as transition. There are two key issues in transition. Firstly, it is about legally becoming an adult and achieving

independence, to an appropriate degree. Secondly, it is about changes in the actual services used.

6.2 During adolescence, young people may experience change in a number of areas: from paediatric to adult health services, school to higher education or work and childhood dependence to adult autonomy. For young people receiving services as children, both the planning process and the actual move to adult services can be complicated and stressful. **The age at which transition may take place can vary between services, for example some changes in health provision may take place at 16 but a young person may remain at school until they are 19** Other issues include social isolation, difficulty finding work and problems with their parent / carer relationships, such as over-protectiveness or low parental expectations. Transition from children to adult services can cause considerable stress for families and carers. In order to reduce the stress **it is vital that transition planning is started early, at about 14 years, and is a central to any work that is undertaken with the young person and their family.** It should centre on the views, wishes and aspirations for the future of the young person and their parents / carers. It is also essential that the services and support provided at the time of transition are seamless, but also enable the young person to achieve greater independence.

6.3 Effective planning, that starts well before the transition period, will help to keep young people engaged and accessing service that will enhance independence and meet support needs. This should be a person centred approach and include adult services from the beginning.

6.4 Good practice for transition planning should include be based on the principles of self directed support, and specific service provision which is multi-disciplinary, holistic, planned and provides an element of continuity. Training for staff in both children and adult services in relation to issues of transition will be of benefit to both service users and their families. The goal of transition planning should be to provide high quality services, offer choice and control to young people / young adults and maximise their education, training, employment and social opportunities (SCIE, 2005).

6.5 Young adults who are in transition who are not subject to ongoing child safeguarding processes should be referred to adult services if there are safeguarding concerns.

### **Adult guardianship**

6.6 There may be times when a young person, who is subject to a Care Order, requires guardianship when they reach adulthood. In such circumstances the Local Authority is responsible for identifying this need and ensuring it happens. If guardianship is deemed necessary, it should be addressed as early as possible and reviewed regularly as part of the young person's pathway planning process.

## 7.0 References

*Biennial analysis of the impact of Serious Case Reviews 2005-2007*, 2009  
Brandon, Bailey, Beldeson, Gardener, Sidebotham, Dodsworth, Warren and Black

Department for Children, Schools and Families

*The Children Act 1989*

[http://www.opsi.gov.uk/Acts/acts1989/Ukpga\\_19890041\\_en\\_1.htm](http://www.opsi.gov.uk/Acts/acts1989/Ukpga_19890041_en_1.htm)

*The Children Act 2004*

[http://www.opsi.gov.uk/Acts/acts2004/ukpga\\_20040031\\_en\\_1](http://www.opsi.gov.uk/Acts/acts2004/ukpga_20040031_en_1)

*Every Child Matters* <http://www.everychildmatters.gov.uk/>

*No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* Department of Health 2000

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4008486](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486)

*The Framework for the Assessment of Children in Need and their Families* Department of Health 2000

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4008144](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144)

*South Yorkshire Safeguarding Children Board Child Protection Procedures* 2007 [www.safeguardingsheffieldchildren.org.uk](http://www.safeguardingsheffieldchildren.org.uk)

*Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work*

<http://www.adss.org.uk/publications/guidance/safeguarding.pdf>

*Safeguarding Adults: Procedures for South Yorkshire* 2007

<http://www.sheffield.gov.uk/safe--sound/protection-from-abuse/adults>

*Transition of young people with physical disabilities or chronic illnesses from children's to adult's services* (2005) SCIE research briefing 4:

[www.scie.org.uk/publications/briefings/briefing04/index.asp](http://www.scie.org.uk/publications/briefings/briefing04/index.asp)

*Working with Parents with a Disability*

Protocol between Communities Adult Disability Services and Children's and Families Fieldwork and Multi-agency Support Services, 2009  
Sheffield City Council

*Working Together to Safeguard Children* 2006

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00060/>

## 8.0 Useful Contacts

**Adult Social Care Access Team:** 273 4908

### **Children and Families Services area teams:**

- North – Meade House 203 9591
- East – Darnall 203 7463
- West – Redvers House 273 5114
- Out of Hours Service 205 3332

### **Multi-Agency Support Services:**

- Parson Cross/Ecclesfield (Social Care North) 205 3805
- Shiregreen/Burngreave (Social Care North) 233 1189
- Arbourthorne/Manor/Darnall (Social Care East) 239 5872
- Mosborough/Handsworth (Social Care East) 205 3635
- Greenhill/Gleadless (Social Care West) 253 0956
- Rivelin to Sheaf (Social Care West) 250 6880
- Hillsborough/Upper Don (Social Care West) 231 0024

**Sheffield Safeguarding Children Advisory Service** 205 3535

**South Yorkshire Police** 220 2020

## Appendix 1

### Section 5.7 South Yorkshire Safeguarding Children Boards' Child Protection Procedures 2007

#### Information required when making a Referral

The referrer should have as much of the following information as possible prior to making a referral. However **gaps in essential information should not result in a delay in making a referral.**

##### 5.7.1 Essential information:

- full names and dates of birth of the child, caregivers and any other family members
- address and daytime contact telephone number for parents/caregivers
- the child's full address and telephone number
- full name, date of birth and address of any suspected abuser
- current location of child and suspected abuser
- child and family's first language
- reason for referral, including description of any injuries observed, (photographs of the injuries should only be taken by police or medical staff as part of a Section 47 investigation), details of any allegations made, discussions with the child or relevant others, details of any witnesses. Include dates/times/locations of alleged incidents
- action taken and people contacted since the concern arose
- any immediate or impending danger to the child
- special needs of the child and parents/caregivers, including a need for an interpreter, signer or communication therapist
- if a CAF has been completed, the name of the lead professional
- the outcome of checking the list/register of children who have a child protection plan.

##### 5.7.2 Additional useful information you might include in your referral:

- addresses of family members or other significant people not living in the household
- previous addresses of the family
- information regarding contact between any alleged abuser and other children, i.e. in a work, community, extended family or other settings
- schools, nurseries, etc. attended by the child and other children in the household
- name, address and telephone number of GP
- name, address and telephone number of health visitor/school nurse
- hospital ward, consultant, named nurse, and date admitted/discharged
- name/address/ telephone number of other professionals involved with the family
- child's legal status (e.g. residence order, care order) and details of anyone not already mentioned who has parental responsibility (unmarried fathers

whose details are on the birth certificates of children born after 1<sup>st</sup> December 2003 share equal parental responsibility with the child's mother)

- ethnic origin, religion, cultural background
- whether vulnerable adults are present in the household<sup>12</sup>
- previous concerns and any relevant background information. This should be structured using the domains of the 'Framework for the Assessment of Children in Need and their Families',<sup>12a</sup> i.e.
  - the child's developmental needs
  - the parents or caregivers capacity to respond to those needs
  - the wider family and environmental factors and
  - any opinion you have formed about how the child and family are likely to react to the referral and any subsequent Section 47 enquiries, including in particular any factors which are likely to place the child or others at risk (e.g. where there is domestic abuse, a history of violent behaviour, chaotic substance misuse or adults with unstable mental ill health problems).

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<sup>12</sup> Safeguarding Adults: South Yorkshires Adult Protection Procedures

<sup>12a</sup> Department of Health, 2000