

QUICK GUIDE TO THE ACCORD PROTOCOL, PRINCIPLES AND GUIDANCE

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This is an overview and quick reference to the principles and practice of joint working between adults and children's services under ACCORD. It is to be used in conjunction with the full protocol and consultation as required. It should aid not replace professional judgment.

WHAT IS ACCORD?

- ✚ **ACCORD** is the framework for **A**dults and **C**hildren's **C**o-ordination in Suffolk. It promotes and enables joint working to achieve the best outcomes for families where a **parent or main carer** for a child has an additional support need due to one or more of: physical disability or long term illness, learning disability, mental health issue, drug or alcohol misuse issue or sensory impairment. In addition ACCORD should be used where a child or young person is a 'young carer' for an adult.
- ✚ ACCORD is a 'whole family' **approach** to working with families. It is not a separate service. It is aligned with the other frameworks and systems to support families in Suffolk in particular Signs of Safety and Wellbeing and SLCC.
- ✚ It applies to all services within, or commissioned by, Suffolk County Council and within the NHS Mental Health Partnership Trust, working with families where there is or may be an adult with an additional support need.

Guiding principles of ACCORD

- 1) **Recognition that the needs of parent and child are interdependent.** Responding to the needs of all family members **and** supporting the parent(s) to parent as effectively as possible, **where it is safe and appropriate to do so**, promotes the safety and wellbeing of families.
- 2) **Inappropriate caring tasks by children and young people must be addressed** through provision of services to the cared for person to reduce the impact on the child or young person.

ACCORD uses the [Signs of Safety and Wellbeing](#) practice framework and [Supporting Lives, Connecting Communities](#) approach; however those are inclusive of NSFT specific approaches.

Practitioners promote best outcomes where they:

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- 1) Enable clear communication between all parties
- 2) Promote constructive relationships between all parties
- 3) Show determination to find solutions and not let organisational issues get in the way
- 4) Build on strengths while recognising risks where they occur
- 5) Ensure clarity about roles, relationships and processes for all parties
- 6) Provide help at an early stage
- 7) Identify goals and intended outcomes with family members
- 8) Commit to shared planning, review and ending of interventions. Plans must be 'SMART'
- 9) Apply knowledge and research about family life, human development and young carers
- 10) Question, listen and reflect and are prepared to take a different approach where necessary

Policy framework for ACCORD

ACCORD reflects and is guided by current legislation and national and local policy including:

The Care Act 2014

'The general duty of a local authority is to promote that individual's well-being .. including domestic, family and personal relationships' (Section 1). It also promotes the carers' wellbeing.

Children and Families Act 2014

'A local authority in England must have regard to..the need to support the child and his or her parent..in order to facilitate the development of the child..and to help him or her achieve the best possible educational and other outcomes' (Section 19)

Working together to safeguard children 2013

'When staff are providing services to adults they should ask whether there are children in the family and consider whether the children need help or protection from harm'.

Signs of safety and Wellbeing framework

'Constructive working relationships between family and professionals and between professionals themselves are the heart and soul of effective child protection practice. A significant body of thinking and research tells us that best outcomes for vulnerable children arise when constructive relationships exist in both these arenas' Andrew Turnell SOS and Wellbeing Briefing 2012 page 9

Hidden from view: the experiences of young carers in England. The Children's Society 2013

'We should not expect children to be relied upon to undertake caring which affects negatively their own development, well-being and education. We should expect service providers to be able to work across professional boundaries to assess and support the whole family, and for children and parents to be at the centre of decisions that affect them'

(Foreword by Professor Saul Becker page 3)

Equality Act 2010

The Equality Duty ensures that all public bodies play their part in making society fairer by tackling discrimination and providing equality of opportunity for all. (Equality Act guide 2011)

How equality and inclusion is delivered at Suffolk County Council

'As a County council, we are committed to ensuring fair and accessible services for everyone in Suffolk'.

Part B How ACCORD works in practice?

ACCORD uses **existing** systems at all stages including prevention, referral, assessment, planning and review. There is no separate referral process or documents or planning forum. However **ACCORD should be clearly stated at the top of all documentation and in a preliminary phone call.** (Where there is no specific place on a form to state ACCORD, it should be clearly marked ACCORD at the top).

Prevention: Early help should be provided at the first opportunity to prevent problems escalating. Universal services should be accessed at all stages.



Making a referral:

Referrals regarding immediate risk or harm must be made immediately to Suffolk County Council Customer First on **0808 800 4005**. For all other referrals use the appropriate referral route. Full details of referral processes and contacts are in the main Protocol.

More information can be found following the links:

<https://www.suffolk.gov.uk/adult-social-care-and-health/your-care-and-support/contact-customer-first-and-social-care/>

<https://www.suffolk.gov.uk/children-families-and-learning/keeping-children-safe/reporting-a-child-at-risk-of-harm-abuse-or-neglect/>

Brief contact details for referrals are:

- For early help for children and families using a CAF: cafadmin@suffolk.gcsx.gov.uk. Check first on **01473 263210**
- For a social care service for vulnerable adults or children: **Customer First** on customer.first@suffolk.gcsx.gov.uk. If you do not have a secure email address encrypt the information and send a password separately.

- **For a mental health service for an adult** This depends on issue and area. See the main protocol or at the Norfolk and Suffolk NHS Foundation Trust website www.nsft.nhs.uk.
- **For a substance misuse service for an adult.** See the main Protocol for more details. From April 2015, **the single point of contact details for Turning Point are telephone 0300 123 0872 and email: Suffolk@turning-point.co.uk.**
- **For a sensory impairment for an adult:** to Sensing Change at **01473 260030** or email sensingchangeinfo@suffolk.gcsx.gov.uk. See also: <http://www.sensingchange.org.uk/>

Consent Obtain and record consent for the referral and to share information. If consent is not given (or not sought in case to do so could cause further harm), consult your Line Manager re next steps.

Information sharing must be according to the LSCB Information Sharing Policy. The Data Protection Act must not be used as a barrier to sharing information appropriately.

Assessment. Assessments in all services must take the need of the whole family into account. Assessment of adults must take into account impact on family and parenting roles and the needs of the children. The parenting role may interact with other needs to lift a person's need for care and support to a higher band than it would if there was no parenting responsibility (please refer to CARE ACT 2014 wellbeing principle and national eligibility threshold). Assessment of children must take into account and respond to additional support needs of parents.

Planning and review ALL practitioners working with a family member must be included in and actively participate in the **Planning Group for the child**. This group must consider the needs and intended outcomes for all family members when formulating, reviewing and ending a plan.

Ending a service is by agreement at a review and where this is not possible the planning group must be informed in writing of the reasons and timings and given an opportunity to contribute their views.

Resources and finance. Funding must be considered **in the context of the 'whole family'**.



Individual agency funding responsibilities will continue. Where funding responsibility is unclear and/or it meets a family need, payment should be **divided equally** between the relevant services. Provision of essential services should **never** be delayed by internal disputes about funding.

Part C Agency responsibilities under ACCORD

To reach solutions. Solutions must be found, with the family and partner services, to any obstacles which hinder the best outcome for the family. These must build on strengths and intended outcomes.

To resolve professional difference quickly and effectively and as early as possible through open discussion. In the rare cases where a solution is not found, the Suffolk LSCB policy for [working to resolve professional disputes](#) must be used. Inter-professional differences of view must not compromise the outcomes for the family.

To communicate effectively with partner professionals and families using Plain English and adapted versions where required. To share information appropriately. See above.

To apply knowledge and research when planning for the best outcomes.

Part D Guidance re working in specific situations

See the main protocol for further information for working with the following: young carers, advocacy, children with disabilities, children affected by parental substance misuse, contact for family members who do not live together, domestic abuse, family and unpaid carers, family courts and care proceedings, fluctuating parental conditions, mental capacity, moving forward: transitions pathway for young people with disabilities, parental mental health, safeguarding children, safeguarding vulnerable adults, support for parents who have had a child removed by the courts, sensory impairment (adults), working with adults who may pose a risk to children.

Part E Management and governance of ACCORD

Lead manager. Each agency must identify a senior manager as ACCORD Agency Lead to ensure it is promoted, embedded, monitored, sustained and problems are resolved via LSCB Escalation of Concerns policy. For **ACS – Geoff Meech; CYPs- Stuart Hudson, for NSFT: Helen Wright.**

Recording ACCORD. To scope and monitor the use of ACCORD and contribute to service development the following must be recorded in all relevant case records:

- Where ACCORD has been applied
- Where the Escalation of Concerns process has been used and the outcome (factual recording)
- Key data regarding the characteristics of families under ACCORD in the **child's** records

Reporting re ACCORD. The Agency Lead to report annually to their management group re the management and progress of practice and outcomes under ACCORD and improvement actions taken.

Quality Assurance. An annual audit to be undertaken with key partner agencies regarding the working across children's and adults services. Findings to contribute to external inspection.

Part F Workforce issues and ACCORD/sustainability

To sustain ACCORD through networking, maintaining awareness and reflection and problem solving:

- ACCORD will be in induction and integrated into workforce development where possible. There will be 6 monthly workshops for all services run by SCC Workforce Development Team
- An annual multi-agency event to consider findings from monitoring and future developments.

The full ACCORD principles, protocol and guidance is found at:

<https://suffolknet.sharepoint.com/sites/myscc/Pages/ACCORD---Working-together-for-families-in-Suffolk.aspx>