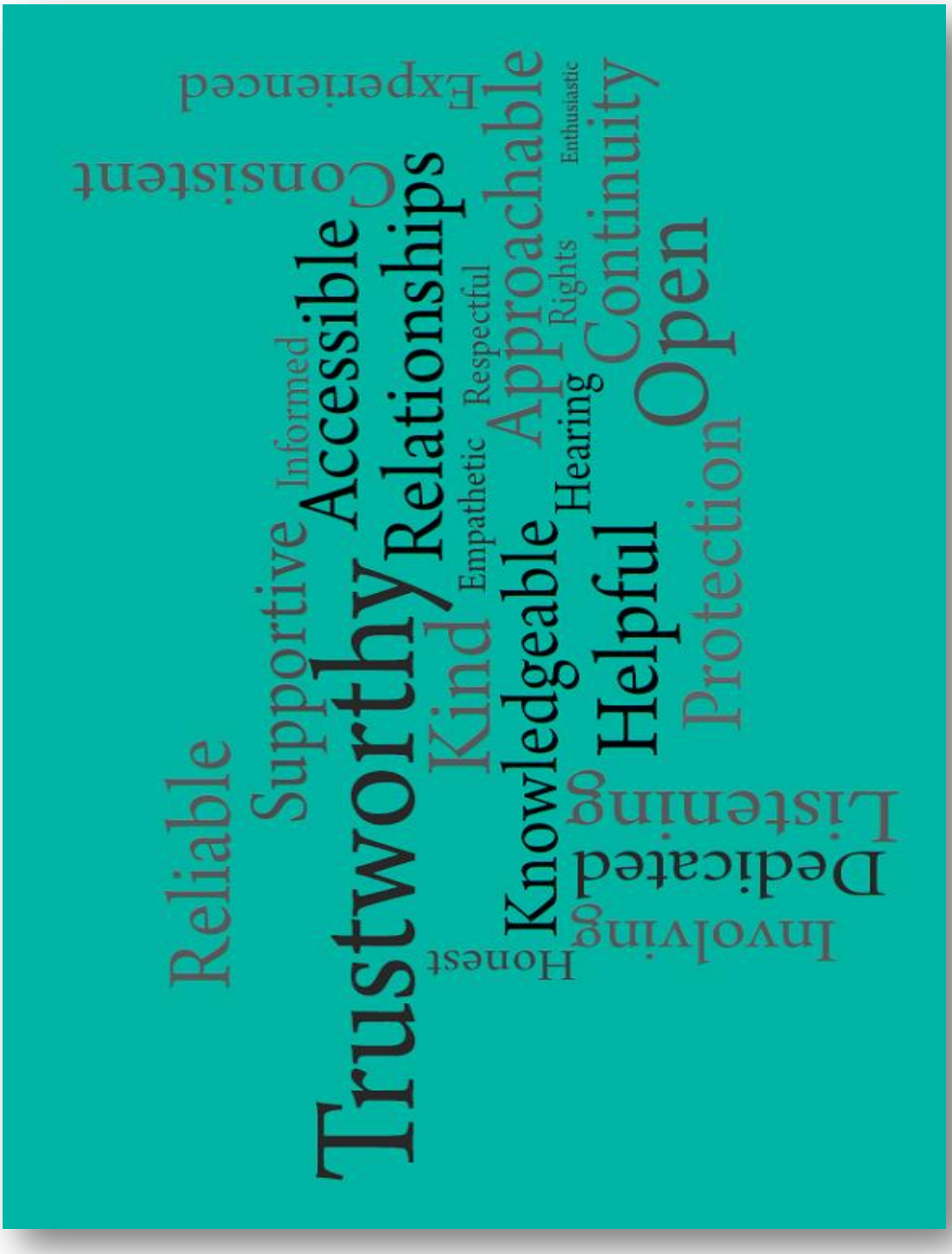
Knowsley

Engaging Families Toolkit



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1. Introduction

The Engaging Families Toolkit aims to provide practitioners and managers with guidance to assist the effective engagement of families in the offer of support across all levels of intervention from early help and targeted services through to statutory services. The toolkit builds on research and evidence based practice which is known to work in effectively engaging families in offers of support which aims to promote positive and lasting change for all the family. It provides guidance in recognising, understanding and responding to difficult to engage and risky behaviours which may be encountered when working with children and their parents and carers.

Critically the toolkit includes a Family Engagement Risk Assessment tool which will be completed by the Lead Practitioner and or collaboratively with the 'Multi Agency Meeting' or Multi Agency Meeting (CP/CIN) when the engagement of the family proves difficult. All completed risk assessments will then be discussed and reviewed with the Lead Practitioners Line Manager at the earliest opportunity. The Risk Assessment will provide an evidential basis on which to proceed and justify decisions and actions to ensure the wellbeing and or protection of the child/ren is not compromised due to the lack of engagement.

Key Messages

- the quality of the relationship between the worker and the family has the most significant impact on the effectiveness of the engagement;
- persistence of workers to engage the family in the offer of support at the earliest opportunity is critical;
- adopting a 'think family' approach, being mindful that child and parental issues do not sit in isolation;
- families and workers may present barriers to effective engagement;
- families who present with a range of multiple and complex needs require long term support rather than episodic intervention if long term change is to be achieved and maintained;
- practitioners need to adopt a Restorative approach with families but always ensure that the child's needs and outcomes stay in sharp focus.

2. Purpose and aims.

The issue of how to engage families is the key to improving outcomes for children.

"Engagement is the basic task of any practitioner but can never be taken for granted and must always be worked for" Patrick Ayre

The current limits on resources and the need to reduce demand on Children's Social Care underline the importance of effective early help underpinned by positive engagement with families in order to reverse this trend. Numerous research and evaluations show that developing an effective professional relationship makes a real difference in improving outcomes for service users. No matter how programmes and funding may change, it is the human relationships that are core to the delivery of effective services. Yet too often, they are overlooked. The Munro (2012) review highlighted the importance of professional relationships in improving outcomes for children and their families and the skills and experience of workers in being able to achieve this.

A key feature in many serious case reviews has been the lack of persistence of workers to engage the family in the offer of support as well as the lack of co-operation and/or hostile attitude of a small number of parents/carers. **When there is possible child wellbeing or immediate Safeguarding concerns, a failure to engage with the family may have serious implications and non-intervention is not an option.**

It is well established that it is important to intervene early if more serious problems are to be avoided later in life (Shonkoff & Phillips, 2001). The risk factors that increase a family's vulnerability are well known and effective services are available to support these families. One of the major barriers to service delivery is that vulnerability increases the likelihood of refusing the offer of services. The more vulnerable families who do engage are also more likely to disengage before positive outcomes are met and sustained (Sanders & Cann, 2002).

Key reports highlighting the need for effective family engagement include:

- Lord Laming (2003) emphasised in his report for the Victoria Climbie enquiry the importance of engaging with the child;
- 'Supporting parents, Safeguarding children', CSCI (2006) state that ensuring parents and carers needs are sufficiently well met is necessary to enable

them to effectively meet the needs of their children and therefore engaging with them is imperative to achieve this;

- The executive summary completed by Haringey LSCB (2008) states that a key issue which compounded the risk to Child A was the limited efforts made by professionals to engage with the child's father in the first stages of intervention.

The Engagement Toolkit is aimed at all practitioners working with children and their families across all levels of the **Knowsley Safeguarding Children Board (KSCB) Threshold of Need.**

As described in the **Knowsley Early Help Strategy (2017 - 2020)** this toolkit aims to support the effective engagement of families in the offer of support at the earliest opportunity, from universal and targeted services through to specialist Child Protection services. The toolkit must be used by practitioners alongside their own agencies policies and procedures including the:-

- Knowsley Council LSCB Child Protection Procedures.

3. Explanation of Terms

- MASH – Multi Agency Safeguarding Hub
- LSCB – Local Safeguarding Children Board
- MARF – Multi Agency Referral Form
- **Multi Agency Meeting** – This will be the type of meeting you hold depending upon the threshold/level you are working at either Multi Agency Meeting, Child in Need Meeting or Child Protection Core Group.

Please refer to these additional documents whilst using this toolkit

- Knowsley Threshold Document
- Lead Practitioner Guidance

4. What do we mean by 'engagement?'

It's not just about getting through the front door (Casey 2012)

Effectively engaging families can be split into three stages:

1. The process of first attracting or motivating a family to accept the service for the first time.
2. Enabling the family to recognise the benefits, goals and expectations of the service.
3. Building a relationship between the practitioner and the family members and engaging them sufficiently to begin delivering meaningful and beneficial support that is accessible and suitable to the individual and their family. The support should provide the family with the skills to maintain positive changes when support ends.

5. Why some practitioners find it difficult to engage

- Professionals not having the necessary skills needed to address families' defensiveness and anxieties.
- Professionals misunderstanding the practical and emotional difficulties that impact on people's ability to engage.
- Lack of time to build meaningful, trusting relationships with all family members.
- Professionals' frame of reference; (values, beliefs and attitudes may be different to those of the family and lead to value clashes).
- Pressure from the service to engage and make changes within a family quickly.

Always remember that without meaningful engagement the child will continue to live in an environment or situation which can potentially have a negative impact upon their future outcomes, development, well-being and safety. It is therefore vital that you try all the techniques, tips and suggestions within this document to secure engagement with the family.

6. Why some families find it difficult to engage

Effective engagement is crucial to work with all families but especially with families with multiple and complex needs, particularly since many of these families have a history of non-engagement and often have actively disengaged or rejected previous support for a range of reasons:

- previous negative experience of agencies;
- not understanding professionals concerns;
- cultural differences;
- genuine fear- will my children be removed;
- fear of oppressive judgements
- anti-authority stance, dislike or fear of authority figures;
- lack of communication from professionals;
- do not want to have their privacy invaded;
- have something to hide;
- families may have experienced services where their problems have been treated in isolation, so they disengaged because they were overwhelmed by the other needs they face;
- May be in a coercive relationship due to Domestic Abuse.
- families may have very low aspirations or are daunted by how services present themselves;
- there may be some unidentified needs for example, mental health issues or learning disability, which have previously stopped the family from engaging in support or making progress;
- individuals may fail to acknowledge their own needs (for example, mental health needs) or to acknowledge the impact that their needs and/or behaviour are having on others. For example, a parent with mental health needs may fail to recognise the impact that his/her behaviour is having on his/her child's needs being met;
- if a family feels inadequate, stressed or threatened by the service being offered or cannot see its practical benefits they are more likely to avoid participating;
- being overwhelmed by emotional pain, depression, anxiety and guilty;
- having nothing to lose, if children have already been removed;

- sometimes when families are most in need of assistance, they do not feel comfortable seeking help;

7. Defining and recognising difficult to engage behaviour

Families may present in a number of ways on a continuum from superficial and ineffective engagement to, in a small number of cases, hostility, threats and violence.

Behaviours may include:

- **Ambivalence:** can be displayed when the family are consistently late for planned appointments or they always have an excuse for missing a visit. When discussing an uncomfortable topic such as a worker sharing concerns, the subject will be changed. Ambivalence is a common occurrence and does not necessarily mean it will be difficult to engage with the family. It can occur due to the family being unclear about what is expected of them or poor experiences with previous professionals.
- **Confrontation:** includes provoking arguments, extreme avoidance (not answering the door) and a deep dismissive body language is used.
- **Avoidance:** is very common and something that we all do in our everyday lives. It includes cutting short visits due to other apparent important activities. This is often associated in a lack of trust leading to a "fight" not "flight" situation.
- **Refusal:** when families will not meet with workers or refuse permission for a child to be seen on their own. Or refuse the service offer completely.
- **Disguised Compliance:** some parents may give the appearance of cooperating to avoid raising suspicions and to minimise agency engagement and intervention. Some families may deliberately sabotage efforts to bring about change i.e. missed appointments. This could also be seen when:-
  - parents/carers agreeing with professionals regarding changes but put little effort into making changes work;
  - change does occur but as a result of external agencies/resources not the parental/carer efforts;
  - no significant change at reviews despite significant input (i.e. are interventions resulting in timely, improved outcomes for the children);
  - change in one area of functioning is not matched by change in other areas;
  - parents/carers will engage with certain aspects of a plan only;

- mobile families: moving/changing addresses, registering with different GP's, taking children to different A&E departments with non-accidental injuries;
- blocking the worker's way into the home;
- 'stage-managing' visits by restricting workers' sight of and contact with the child;
- using clothing and substances to hide injuries;
- coaching children to suggest all is well;
- using part of the home to hide abusers and children (e.g. bedrooms, lofts, sheds etc.)

- **Violence:** threatened or actual may only involve a minority of cases but is the most difficult and challenging of hard to engage behaviours to work with. People may have previous experience of getting their way through violence and intimidation.

Many Child Protection studies and Serious Case Reviews have highlighted what is commonly known as the 'rule of optimism' where practitioners are reluctant to make negative professional judgements about the parents they are working with. Parents may give convincing but false accounts and it is very important that throughout the process of engaging and working with families, workers need to have a degree of caution in their judgements, to maintain what Lord Laming called '**respectful uncertainty'** and **'healthy scepticism'.**

8. What families say they need from services and workers

Parents say it helps when workers –

- Are reliable, communicate openly, are honest, direct, yet sensitive and take time to explain things clearly;
- take the time to listen and make the effort to develop trusting relationship and build rapport;
- provide services and support which is practical, tailored to particular needs and accessible;
- have an approach which reinforces rather than undermines their parenting capacity;
- focus first on the issues of most importance to the family;

- enable them to be involved in the process from the start;
- write information down to help remember things;
- hold smaller sized meetings and support family to get to meetings;
- develop a clear plan of support and what's happening next and involve the family in the development of the plan and set some achievable goals.

What children say they need from a worker

'I was never asked about how I felt or what I wanted to happen. Asking me 10 minutes before the meeting is not the same' young person

In her review Eileen Munro (2011) summarises the key characteristics that children look for in a worker. These are:

- willingness to listen and show empathy, reliability, taking action, respecting confidences, and viewing the child as a whole person and not overly identifying a child with a particular problem; and
- ability to communicate with children of varying abilities and address the emotional needs of children at key points in their lives.

9. Strategies and approaches to support family engagement

❖ **Working in partnership with the family.**

Research indicates that it is the quality of the relationship between the worker and the family that makes the most significant impact on the effectiveness of the engagement and support offered to the family and the lasting change it can bring. Evidence suggests that the most effective relationship to enable change is a partnership and this can be defined in terms of:-

- Active involvement;
- Shared decision making;
- Agreement of aims and processes;
- Mutual trust and respect;
- Openness and honesty;
- Clear communication;
- Negotiation

- **Named Lead Worker**

Ensuring the family has a single point of contact i.e. Lead Practitioner known by name, who is responsible for building trusting relationship with the family and act as a single point of contact for other professionals involved in supporting the family.

- **Use persistent , assertive and proactive approaches**

To engage the family: persistent message that you are there to help; persistently challenging parents' behaviour encourages them to take ownership of the issues that need to be addressed, whilst ensuring they are clear about the implications and consequences of their behaviours. Consideration of the timing of challenge and the parental response to that challenge helps avoid any negative impact on children.

At the first meeting with the family being mindful that this is an introduction and the family's first impression of the worker and the service, this doesn't mean practitioners cannot be challenging or say difficult things but more often than not **how we say things matters more to families than what we say**. Acknowledgement that **all families can be supported to engage – no family should be considered as unable to engage.**

- **Practitioner quality and skills**

This model also highlights that the process of helping families is largely determined by the qualities and skills of the practitioner in building an effective trusting partnership with the family and therefore must be the primary focus at the start of any offer of support with a family.

The following personal qualities and skills can help to build trusting relationships with a family:-

Practitioner Qualities:	Practitioner Skills
▪ A non-judgemental attitude; ▪ Respectful attitude; ▪ An encouraging and empowering approach; ▪ Warmth and empathy; ▪ Being genuine ▪ Have high expectations and aspirations for the child and family.	▪ Active listening; ▪ Prompting and exploring; ▪ Responding empathetically; ▪ Summarising; ▪ Enabling change; ▪ Negotiating; ▪ Problem solving ▪ Able to reflect ▪ Adaptable ▪ Restorative approach

❖ **At all times remain 'child centred'**

Ensure the child's voice and their wishes and feelings are central throughout. It is imperative that workers ensure that children are actively engaged in the support on offer.

The reason for speaking to children is that they are a key source of information to understand the problems they and their families have, and the impact this is having on them and what they feel needs to change. Workers need to consider '*What does the child think needs to change to address their problem? 'What is the daily lived experience of the child?'*

Consider the Knowsley LSCB Voice of the Child standards via this link

The development of positive relationships with children in the family also allows practitioners to use modelling behaviour, to encourage parents to recognise and mimic positive interactions with their children. Practitioner's ability to interact positively and voluntarily with children ensures that practitioners are able to recognise and evidence the impact of parental support on children.

- Throughout the intervention practitioners must balance the views of the parents with the protection of the child, keep the child in clear focus;
- Ensure non-resident parents and/or significant others are actively engaged to participate in offer of support; Include men, male partners, grandparents and siblings rather than over-rely on mothers' views;
- Be transparent with families about why engagement is necessary;
- Clearly set the professional boundaries of the relationship between practitioners and parents. Setting clear ground rules from the start makes sure that families know where they stand. This assists in developing trust between practitioners and parents and helps secure and maintain parental engagement;
- The whole family will be supported e.g. the needs of the parents will be addressed and met as well as the needs of the children;
- Actively engaging families in the process from the start asking them what help they need and then responding positively to this.
- Support parents to identify their own solutions to their problems even when they have not been able to fully meet the needs of their children;

- Practitioners use and model active listening techniques to hear and understand what parents want and demonstrate you have heard and value what they say;
- Explain to the family the need to undertake an assessment of their needs will help to develop a clear plan of support;
- Use the assessment process as an important mechanism for allowing time to get to know parents and the children and understand the issues facing them. Practitioners are able to use the assessment process to make sure they are providing the right services for the families and that all needs/issues have been identified. It also allows practitioners to work in partnership with parents and children to enable them to set their own targets and goals (another mechanism for helping build trust) and for parents and children to recognise that the service is there to support and work with them to improve outcomes;
- Start with and build on family strengths: The focus of engaging and working with families is always to reduce risk but in such a way that builds on family strengths. All families have strengths. A strength based approach occurs when workers place a positive emphasis on resilience and protective factors. This can have the effect communicating a sense of hope, establishing expectations for success within an individual/ family's capabilities and can promote empowerment and independence.
- Helping families to recap the points raised during the visit so the worker can check the families understanding; Misunderstanding can be of great interest to workers as it tells that we have not been clear enough and it also gives the worker a chance to correct misperceptions and provides worker with feedback on their own communications skills which should lead to more effective sessions in the future.
- Provide ongoing encouragement to parents throughout the support process, remaining focused on improving outcomes for children. Adopting a positive approach and a 'can do' attitude even when challenging parents on difficult issues, supports the establishment of a good relationship between practitioners and parents;
- Practitioners should recognise that for some parents there might be a willingness to want to make changes, but a lack of self-esteem or confidence in how to achieve this. For other parents, having to deal with some issues may be a daunting prospect. Using skills and qualities such as openness,

respect and praise practitioners can support and encourage parents to make positive changes;

- Provide practical ‘hands on’ support to the family to address family issues; Directly supporting the family with practical tasks and challenges and having a hands on approach when necessary; Actions often speak louder than words and demonstrate that you are proactive and you genuinely want to help , always follow up what you have said you will do;
- Working at flexible times allowing parents/ carers to choose times and venues which suit them, when families are presented with unexpected calls it can make them defensive and angry which is not helpful when the worker may want to help the family think about difficult or challenging issues.
- Be on time, try not to cancel or reschedule appointments
- Being positive and courteous whilst being clear about concerns and what work needs to take place to achieve change and what support is needed to help the family achieve change.
- Be consistent even when getting a negative response;
- Use a trusted third party to help engage the family, this could be another family member or a professional the family already have a relationship with, do a joint home visit as a way of engaging with the family;
- Telephone contact, including texting if preferred by family, to speak to parent to arrange an appointment rather than sending an ‘official’ looking letter;
- Being mindful that some parents/carers are not be able to read letters or appointment invites;
- Being mindful that families may not keep diaries and may require support in remembering appointments;
- Model appropriate behaviour;
- It is important that practitioners are able to help parents understand terminology, jargon or actions needed in a way that is not patronising. Presenting information to parents in plain English and at an appropriate level helps practitioners make sure that parents fully understand the information provided. Practitioners also have a role in presenting difficult information to parents in a sensitive and appropriate way.
- Establishing a balance of support and challenge; utilising the range of sanctions and rewards available;

- Working with the family over an extended period of time and ensuring ongoing support from a single agency practitioner when multi-agency response is no longer required. This can be achieved via an effective Multi Agency Meeting process to enable other practitioners to take the Lead Practitioner role when the need for more targeted/statutory provision has reduced. In addition to this encouraging access to existing community resources which can maintain support over an extended period of time.
- Provide the family with a seamless service that evidences the decisions are being made in the best interest of the child;
- Specifically observe parent-child dynamics to assess actual parenting rather than the descriptions of how parents say they parent.
- Make sure endings are effective to support their next engagement experience;

It is important to remember family engagement is not a one off event, i.e. getting through the front door to get the family to consent to being involved and accepting of help and support, it is also about engagement in the ongoing process of working towards positive outcomes for the children, parents and carers.

10. Cycle of Change

It is vital that when working with families' that consideration is given to where the parent(s) are on the cycle of change in order assess their willingness to work to achieve and sustain the necessary changes. Capacity to change is made up of motivation and ability, and it is suggested in much research that if either of these is missing, the parent in question will lack the ability to change. **This is a critical element of effective engagement, if strategies are used which are known to work when a parent is in the 'preparation/determination' phase when the parent is still in the 'contemplation' phase, such strategies will likely to be ineffective.**

The use of Di Clemente's model of change (1991) can be helpful to practitioners to understand the change cycle and its application to working with families **(See Appendix 1)**

11. The 'GROW' model

One model that could be used to set goals and identify motivation to change is the **GROW** model:-

	GROW model	GROW Questions
G	**Goal** setting includes the initial short term goals and further on the medium and long-term goals;	▪ What do you want? ▪ What would be the goals from our working together? ▪ What does success look like and feel like for you? ▪ How much influence or control do you have over the goal?
R	**Reality** checking to explore in full the current situation	▪ What happens now? ▪ What have you done so far about this? ▪ Who is involved and who else could be involved? ▪ What has stopped you so far from achieving this goal?
O	**Options** and alternative strategies or course of action;	▪ What could you do? ▪ And what else could you do? ▪ What are the benefits for each option and are there any costs? ▪ Can you think of any risks?
W	**Will** what will be done, when, by whom, and the WILL to do it. (Motivation to change)	▪ What will you do? ▪ Will this meet your objective or goal? ▪ Who needs to know, and what is your next step? ▪ What support do you need and who will provide this

Sometimes, insufficient time is spent identifying the **"real goal"** and the temptation to move to the next step of identifying **"the reality"** and this can create a sense of rush.

12. When engagement is difficult or not working

Where engagement continues to be difficult and workers have not found a way to help the parent/carer see the benefits to them of being involved in the support on offer and they are still unwilling to participate, the Lead Practitioner and/or the' Multi Agency Meeting' need to re-evaluate the engagement strategy.

13. Strategies which may help

Re-evaluating the engagement strategy and communication techniques needs to begin with reflecting on what has not worked and on what might work in the future.

These may include:-

- **use Motivational Interviewing Techniques** to help the family see that change is possible and to non-judgementally develop reasons why change should be tried;
- **seek advice and information from other professionals** known to the family to ascertain a clear picture of any ongoing concerns or progress made with the family and avoid being overly optimistic over changes that have yet to be sustained and retain a clear focus on achieving outcomes for the child.
- confront uncooperativeness when it arises; **where confrontation** is an issue it is important in these situations that workers are clear about their role and purpose by demonstrating a concern to support the family. However at some point the parent's behaviour will have to be challenged safely so they are able to understand that practitioners will not give up working with the family. This may require the practitioner having to cope with confrontation until co-operation can be achieved.
- where violence is threatened or actual the practitioner must ensure the child's welfare remains paramount at all times. Practitioners need to be realistic about the adult's capacity to change and internal health and safety policies must be adhered to as well as seeking legal advice where necessary. **Ask yourself if I feel scared what it like is for the child living in the family.** Threats of violence should be challenged and in dangerous situations practitioners should not work alone.

- practitioners must ensure they access regular supervision with their manager to ensure that progress or lack of engagement with the family is discussed and addressed.

14. Lead Practitioner Responsibility

Where engagement with a family, for whatever reason, is preventing professionals from working with them it is important for workers to record and assess what area of engagement is difficult to achieve and why.

Practitioners must also consider what impact the family's lack of engagement is having on undertaking the Assessment and/or delivery of the plan of support and interventions and the potential impact on the wellbeing and protection of the child/ren within the family.

Practitioners identifying an issue arising from concerns about poor access/engagement should seek to promptly:

- discuss the concerns/issues with their Line Manager
- ensure all discussions and attempts at engagement are clearly recorded;
- gather information from other services known to the family;
- consider what other agencies need to be informed of the engagement difficulties, could another practitioner enable or support engagement?
- consider the speed of any response; is there a need for immediate action?
- undertake the Family Engagement Risk Assessment **(Appendix 2);**
- A Multi Agency Meeting may convene with or without family consent or involvement and undertake the Family Engagement Risk Assessment based on shared information across the agencies and professionals involved. The Lead Practitioner and the Multi Agency Meeting must ensure the **Knowsley Threshold document** is considered to ensure a clear picture of the child's needs is known and understood and can inform the decision on what needs to happen next.

KSCB Child Protection procedures must be followed where there are concerns over serious harm to children or if a crime is being committed.

15. Completing the Family Engagement Risk Assessment tool – Please see Appendix 2

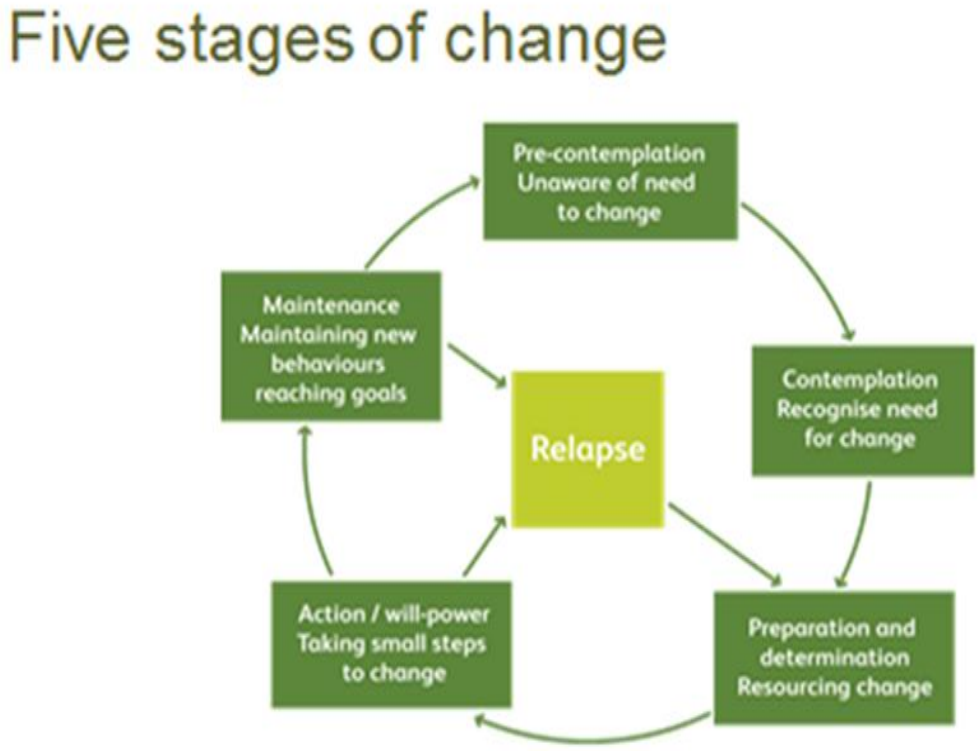
The Family Engagement Risk Assessment Tool will provide the Lead Practitioner/ agencies with:

- an evidential basis on which to proceed and justify decisions and actions to ensure wellbeing and or protection of the child/ren is not compromised due to the lack of engagement;
- a platform for future planning;
- a framework for managing and minimising risks;
- a clear idea of what needs to be done by who and by when;
- The Family Engagement Risk Assessment Tool should be undertaken by the Lead Practitioner and/or the Multi Agency Meeting and should be informed by all other agencies/practitioners known to the family, including universal services such as Schools and family GP as well as services known to the adults in the family to ensure a holistic picture is developed;
- Should consider both historical and current information known about all family members. This should include evidence of past non engagement and possible reasons if known;
- Should carefully identify and consider the known risks, vulnerabilities and protective factors (**see Appendix 3 for examples**) to enable practitioners to have a full and balanced picture of the family's needs keeping a clear focus on the needs of the child/ren.
- The balancing of strengths and vulnerabilities must be based on significant knowledge and judgement and is not simply an exercise in tallying up 'pluses' and minuses'. Each risk and protective factor must be clearly identified and presented with supporting evidence. The **Knowsley Threshold document** should be used to support practitioners to articulate the level and severity of concern known and how the lack of engagement with the family may impact on the child/ren's outcomes and safety;
- Once completed, the Lead Practitioner must discuss the outcome with their Line Manager unless the Family Engagement Risk Assessment highlights an elevated risk of significant harm to the child/ren when KSCB Child Protection procedures

must be followed. The role of the Line Manager will be to consider the outcomes of the risk assessment and ensure appropriate next steps are actioned to ensure the family receive the most appropriate response according to their needs. Management oversight and decision making must be recorded on the Family Engagement Risk Assessment and the relevant electronic case file.

- In addition to considering risks, vulnerabilities and protective factors which are known and evidenced it is also important that practitioners also use their 'intuitive skills' (essentially derived from their experience) and these can be recorded within the 'grey area' box within the Family Engagement Risk Assessment. Practitioners from a range of different services may have similar gut feelings about the family and these should be recorded and taken into consideration when analysing all information.
- The Family Engagement Risk Assessment Flow Chart **(Appendix 4)** can be used to provide an appropriate pathway;
- The Family Engagement Risk Assessment must be shared with all Multi Agency Meeting members within 5 working days and stored within the child's case record.

Appendix One



Stage of change	Indicator	Practitioner tasks and strategies
Pre – contemplation	▪ Most families are at this stage at the start of the contact with agencies; ▪ Parents will deny there is a problem and see no need to change. They may present as being defensive/denial/ projecting/minimising/ blame/depressed/ unaware of the problem;	▪ Focus efforts to build a trusting relationship with the family; ▪ Raise parents' awareness of the problem and the possibility of change; ▪ Affirm strengths as starting points for change; ▪ Use motivational interviewing strategies to raise awareness and encourage questioning; ▪ Do not give prescriptive advice and avoid confrontation.
Contemplation	At this stage, **the parents acknowledge there is a**	▪ Identify the pros and cons of present behaviour as well as the

	problem and will explore how to tackle it. Parent considers change but may need time to: ▪ Look at themselves and come to terms with what they see; ▪ appreciate the child's needs; ▪ count the cost of change; ▪ Identify the benefit of change; ▪ Identify goals which are meaningful to them. Parent can be ambivalent and may often feel 'stuck' .They may argue for and against change.	pros and cons of change; ▪ Asserting the belief that change is possible; ▪ Helping family to see that they have the capacity to change; ▪ Exploring the options the family has considered for how they might change; ▪ Consider commitment and capacity to change; ▪ Recognise that each parent may be at a different stage of the change process; ▪ Recognise that different changes may be required from each parent; ▪ Help the parent tip the balance in favour of change;
Preparation/ Determination	**At this stage parent has decided to change and wants to do something about the problem; There is now a window of opportunity for change;** At this stage parents should be able to express ▪ Real problems and their effect on the child; ▪ changes they wish to make; ▪ specific goals to achieve change; ▪ how parents and	▪ Help the parent identify best actions to take for change; ▪ Identify short and long term goals; ▪ Identify internal and external resources to support change; ▪ Support their motivation for change; ▪ Start to work with the family to develop an agreed family support plan, (Change strategy) that is realistic, acceptable, accessible appropriate and effective.

	professionals will co-operate to achieve the goals; ▪ the rewards of meeting goals; ▪ Consequences if change is not achieved.	
Action	▪ Parents take steps to change; ▪ Parents engage in specific actions to bring about change; ▪ This is the point of change, parents use themselves and services. ▪ Family rehearse new thinking, behaviours and relationships.	▪ Help parent to implement the support plan(change strategy); ▪ Focus on short term goals; ▪ Help them envision the long term goal; ▪ Reframe when necessary; ▪ Make sure all appointments are kept; ▪ Advocate for the parent and identify available sources of support; ▪ Review progress and any barriers to progress; ▪ Planning for and rehearsing the ways of overcoming challenges and obstacles; ▪ Be mindful of parents feeling overwhelmed and consequently disengage so clarity of goals is essential and recognising and praising progress however small.
Maintenance	▪ This stage is about consolidating changes rehearsing and testing of new skills and coping	▪ Help parents identify the possibility of relapse; ▪ Support parent to identify their triggers to relapse and develop

	strategies over time and in different conditions; ▪ Sustaining and internalising new behaviour	coping strategies to prevent relapse; ▪ Noticing, acknowledging affirming and celebrating successes; ▪ Reflecting on the difficult challenging journey; ▪ Talk about where the family will go from here .what is the next goal?
Relapse	▪ Resumption of old behaviours:	▪ Evaluate trigger for relapse ▪ Reassess motivation and barriers ▪ Plan stronger coping strategies

Appendix 2

Family Engagement Risk Assessment

Name of Family / Child/ren:		**Date of Family Engagement Risk Assessment:**
Who involved in Risk Assessment:		
Name of Lead Practitioner:	**Name of Manager:**	**Name of Service:**

Risk and Vulnerablity (Evidenced)	
Historical	**Current**
Examples – Evidence of historic risks - things we know are true	
'Grey Areas'	**'Grey Areas'**
Examples – In this area there is the opportunity to include practitioner 'hunches' things that may not be evidenced but may be relevant such as previous experience with the family, other individuals the child or family may be engaged with.	

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Protective/Resilient Factors (Evidenced)	
Historical	**Current**
'Grey Areas'	**'Grey Areas'**

Analysis /Conclusion: (Analysis of the risk and vulnerability factors and the protective and resilient factors known about the family)

What needs to happen ***(to reduce risk/increase engagement)***	**Who will do**	**By when**	**Review date**

Management oversight :What action	**Who will do**	**By when**	**Review date**

Name of Manager:	**Signature:**	**Date:**

Appendix 3 – Examples of risk, vulnerabilities and protective factors. Use in conjunction with Knowsley Threshold Document.

Examples of risk factors include:

- Previous abuse or neglect
- Parental substance misuse
- Domestic abuse
- Known or suspected sex offenders involved with the family
- Known or suspected violent offenders involved with the family
- Persons known or suspected of having physically harmed children previously
- Persons known or suspected of having seriously neglected children previously
- Mental illness or serious mental health problems in caregivers
- Economic and social disadvantage
- Evidence of significant debt
- Young parents
- Parents and carers with physical disabilities
- Parents and carers who have unrealistic expectations of their child

Examples of vulnerabilities include:

- Age
- Prematurity
- Poor attachment
- Early childhood trauma
- Minority status
- Learning difficulties or additional support needs
- Physical disability
- Communication difficulties/impairment
- Isolation
- Frequent episodes in public or substitute care
- Frequent episodes of running away
- Conduct disorder
- Mental health problems
- Substance dependency/misuse
- Self-harm and suicide attempts
- Other high-risk behaviours.

Examples of Protective factors

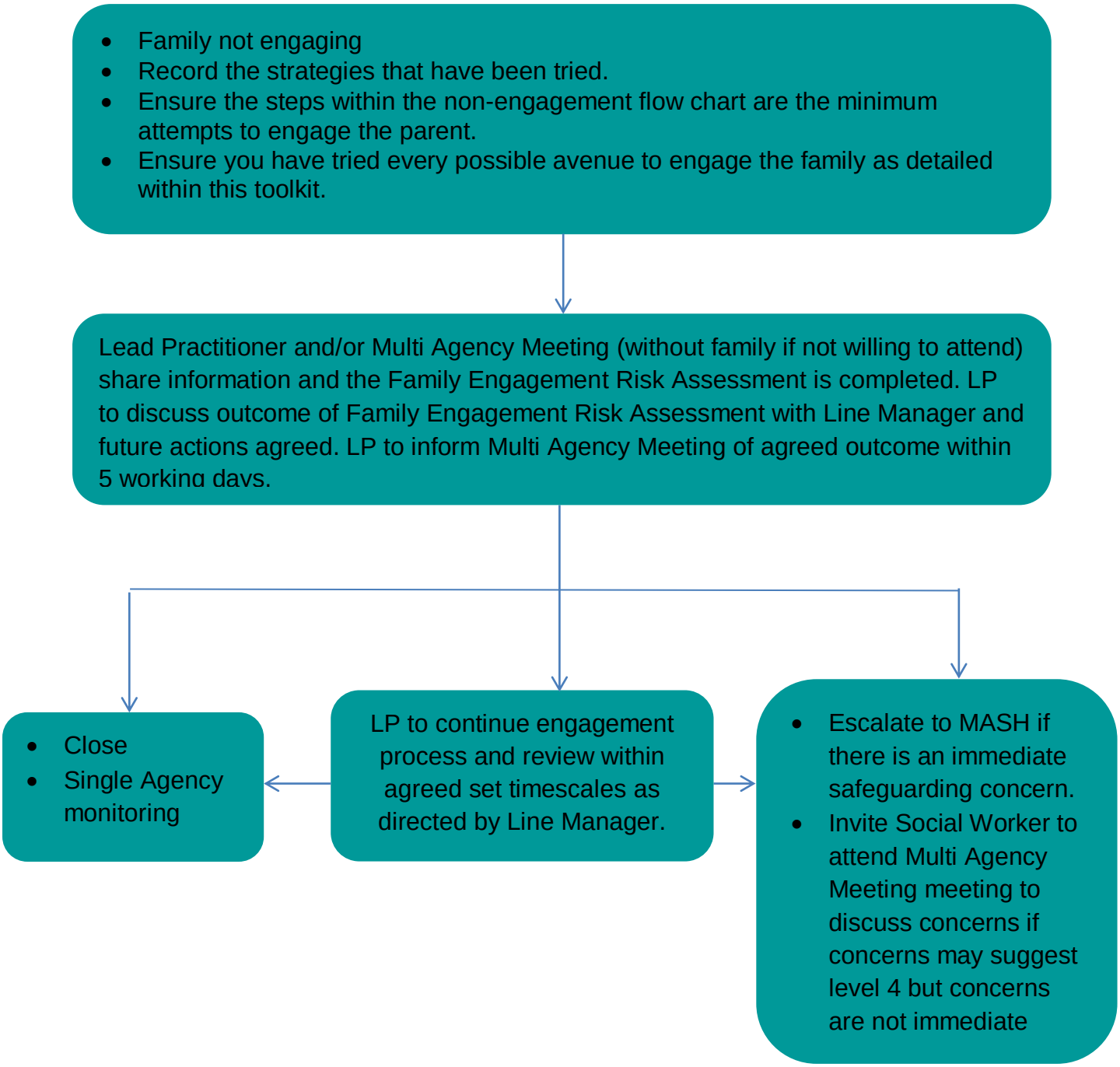
There are protective factors in the lives of almost every child. Where **none** can be identified this, in and of itself, must seriously increase concern as to current or future risk.

Examples of protective factors include:

- Emotional maturity and social awareness
- Evidenced personal safety skills (including knowledge of sources of help)
- Strong self esteem
- Evidenced resilience and strong secure attachment
- Evidence of protective adults
- Evidence of support network(s) e.g. supportive peers or supportive relationships or strong social networks
- Demonstrable capacity for change by caregivers and the sustained acceptance of the need to change to protect their child
- Evidence of openness and willingness to cooperate and accept professional intervention.

Appendix 4 – Non-Engagement Flowchart

Pathway Flowchart



15 DAY Non-Engagement Flow Chart/Process (these are the minimum attempts that should be made)

Lead Practitioner identifies the family needs support or Lead Practitioner receives a referral for the family.	Day 1
Lead Practitioner to make telephone contact with the family to arrange home visit.	Before Day 3
Attempt a further 3 phone calls to arrange a home visit, liaise with referrer or other practitioners to assist you to gain contact with the family.	Before Day 5
Carry out 1st unannounced home visit, leave a letter informing them of the date & time of your next visit	Day 5
Telephone call to attempt to remind the family of your next visit.	Day 6
2nd home visit at the time you provided on the first unannounced home visit. Leave contact details.	Day 7
Contact referrer or other practitioner if possible to discuss engagement methods or arrange a joint visit with the referrer or someone who has access to the family.	Day 8
Carry out 3rd unannounced home visit, leave contact details requesting a call back	Day 10
Send the family a letter asking them to contact us within 5 days if they require support (if DV ensure your letter would not increase risk)	Day 10
Discuss with referrer (if possible) to agree way forward and risks of non-engagement. Arrange to complete the Family Engagement Risk Assessment.	Day 12
Inform Manager of non-engagement and update on what strategies have been tried, share the outcome of the Family Engagement Risk Assessment, does the non-engagement increase the risks? - Manager to record the discussion as Manager Oversight on child's record.	Day 13

Suggested Options following all of the above:

- Refer back to MASH if non-engagement would increase the risk to level 4 and there is evidence of immediate safeguarding concerns.
- Call a multi-agency meeting and invite rep from level 3 or level 4 (depending upon threshold of need)
- Discussion non-engagement with the Social Worker if this was a 'step down' case
- Could the needs of the family be met by level 2 services?

Ensure all of the above attempts to engage are recorded on the child's record.

Agree with Line Manager the next steps			No later than Day 15
Step down to level 2 services OR	Close Case OR	Step up to CSC	

Our working together agreement

We will……

- Be respectful to you and your family
- Be honest and open at all times
- Be clear about why we are working with you
- Always look at the strengths of your whole family
- Always listen to your comments and opinions
- Always raise any concerns we have in a sensitive but clear way
- Help you to find solutions to any problems
- Always encourage you and your family in the changes you make
- Make appointments to see you at the best time for you and your family
- If we have to change or cancel an appointment we will contact you and rearrange as soon as we can

We would hope you can ……

- Be honest with us about any issues or concerns you have
- Try to trust that we are here to help and to make things better for you and your family
- Work with us to try and agree solutions
- Always try your best to make the changes you need to
- Tell us if there is something you don't understand or agree with
- Try your best to attend any appointments
- If you can't make an appointment let us know and agree a rearranged date and time
- Let us know early on the best way for us to communicate with you (text, phone etc)
- Let us know if we do something you are not happy with or if we do something good ☺

By working together in this way we hope that we can support you and your family to achieve the best possible outcome for your Child/ren.

Signed……(Parent/Carer)

Signed……(Lead Practitioner)……....(Service)