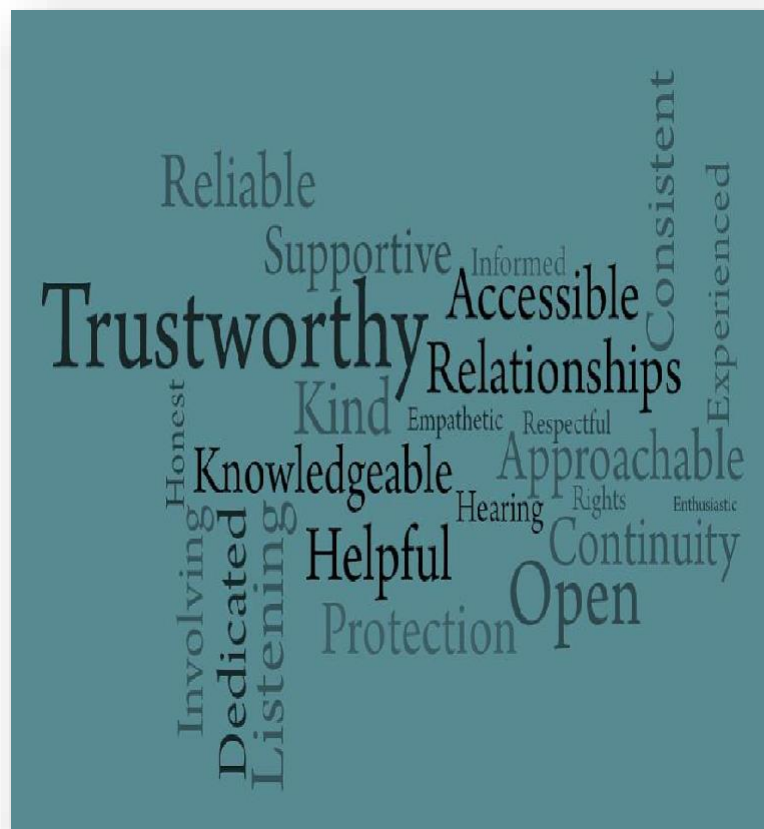


Dorset Multi-Agency Engaging Families Toolkit



‘Helping families involves working with them and therefore the quality of the relationship between the family and professionals directly impacts on the effectiveness of help given’ Munro 2011

Contents

1.0	Aims of the Engaging Families Toolkit	3
2.0	Why do we need an Engagement Toolkit?	4
3.0	Who is the Engagement toolkit aimed at?	5
4.0	What do we mean by 'engagement?'	5
5.0	Cultural competence	5
6.0	Why some practitioners may find it difficult to engage	7
7.0	Why some families may find it difficult to engage	7
8.0	Trauma-informed practice	9
9.0	Defining and recognising difficult-to-engage behaviour	10
10.0	What families say they need from services and workers?	12
11.0	Engagement: What we know works	13
12.0	Cycle of Change	20
13.0	The 'GROW' Model	24
14.0	Where engagement is not working	26
15.0	Completing the Family Engagement Risk Assessment Tool	30
	Appendix 1: Pathway Flowchart	36

1.0 Aims of the Engaging Families Toolkit

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, young people and their parents and carers.

Critically the toolkit includes a Family Engagement Risk Assessment tool which will be completed by the practitioner working with the family and or collaboratively with the 'Team around the Family' when engagement of the family proves difficult. All completed risk assessments will then be discussed and reviewed with the 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

- 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;
- 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;
- Workers need to work with families to overcome any barriers to effective engagement and this will include the worker identifying how their own approach may impede 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 an authoritative approach ensuring that the child's needs and outcomes stay in sharp focus;

- The Engaging Families Risk Assessment will provide practitioners and their managers with a framework for managing and minimising risks due to concerns about engaging with families.

2.0 Why do we need an Engagement Toolkit?

The issue of how to engage families is the key to improving outcomes for **children and young people**. The

current limits on resources and

continued increase in care applications underline the importance of effective early help underpinned by positive engagement with families in order to reverse this trend.

Numerous pieces of 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, young people and their families and the skills and experience of workers in being able to achieve this.



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

A key feature in many serious case reviews/ child safeguarding practice 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 are child wellbeing or protection issues, a failure to engage with the family may have serious implications and non-intervention is not an option.

It is now 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. Those 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 Climbié enquiry the

importance of engaging with the child;

- 'Supporting parents, Safeguarding children', CSCI (2006) states 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.

3.0 Who is the Engagement toolkit aimed at?

The Engagement Toolkit is aimed at all practitioners working with children, young people and adults who are parents/carers across all levels of the Pan-Dorset community and the Pan-Dorset Continuum of Need. In line with Dorset Council and Bournemouth, Christchurch, and Poole Early Help Strategies the 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 can be used by practitioners alongside their own agencies policies and procedures.

4.0 What do we mean by 'engagement?'

Effectively engaging families can be split into three stages:

1. the process of first attracting or motivating a family to attend the service for the first time;
2. enabling the family to recognise the benefits, goals and expectations of the service, and
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.



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

5.0 Cultural competence

- 5.1 The Pan Dorset Safeguarding Children Partnership (PDSCP) is committed to offering its services to all members of our community on an equitable basis. It recognises that culturally insensitive practice can create barriers to effective

engagement with children and families, foster distrust and disengagement, and at worst lead to discriminatory processes and outcomes – themselves forms of abuse.

5.2 A local practice review noted that:

[The family] had a specific cultural heritage [...] Although this cultural heritage was well known to professionals, there was little exploration of what this meant for the family, how they felt about services, how they lived their lives and their experiences in the community. This cultural heritage was described, but not explored, and there is no information about what this heritage meant for any member of the family.

5.3 PDSCP has therefore adopted a Statement of Principle and Vision for Cultural Competence, as a first step towards ensuring that cultural competence is embedded in all its practices.

5.4 Cultural competence has been defined as:

‘The ability to use critical thinking skills to interpret how cultural values and beliefs influence conscious and unconscious behaviour; the understanding of how inequity can be and has been perpetuated through socialised behaviours and the knowledge and determined disposition to disrupt inequitable practices to achieve greater personal and professional success.’¹

5.5 Cultural competence is not just about awareness of ethnicity. Everyone has one or more culture and engages in different cultural practices in their private and professional lives. People who are deaf, LGBTQ+ or older, for example, may all have cultural practices that are linked to these characteristics. Cultural competence is about engaging with whole people and recognising the cultures of multiple communities.

5.6 Cultural competence is not something that belongs to individual safeguarding practitioners. Whilst practitioners should be able to recognise where cultural issues are affecting or are likely to affect their work with children and families, they cannot hold all the knowledge or skills themselves; the subject area is too large.

5.7 Safeguarding practitioners should seek information and guidance from others wherever they recognise cultural needs but are uncertain as to how to meet these. Those they can approach for guidance include:

- Colleagues within their organisation, or within the wider PDSCP partnership,

¹ Mayfield, V. (2020), Cultural Competence Now: 56 exercises to help educators understand and challenge racism, bias and privilege, Alexandria Virginia: ASCD

who have experience or expertise in the relevant area

- Community and third sector organisations representing different cultural groups
- Those with technical expertise, such as translators or safeguarding experts

6.0 Why some practitioners may find it difficult to engage

Some of the difficulties in creating and sustaining engagement may lie with the practitioner rather than with the family:

- 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;
- A lack of cultural competence may prevent the practitioner from understanding the cultural expectations and requirements that are shaping the family's response; for more on cultural competence see Section

7.0 Why some families may 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 (dropped out) or rejected previous support for a range of reasons:

- previous negative experience of agencies;
- experience of intervention as a young person;
- being overwhelmed by emotional pain, depression, anxiety or guilt as engagement with services may re-trigger past traumas – see the section on **trauma-informed practice** below
- not understanding professionals' concerns;
- cultural differences;

- genuine fear – ‘Will my children be removed?’
- 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;
- 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;
- families may struggle to engage with services because the wider problems they face are not taken into account. For example, appointments might not be kept due to ongoing circumstances which service providers are unaware of;
- 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;
- a family may have engaged with services and received support in the past, but the support may not have been sustained for a long enough period of time causing the family to regress once the support ceased. This may mean the family is now not motivated to re-engage;
- a chaotic lifestyle (for example, substance misuse, mental health issues/needs, lack of time management skills) may have previously led to missed appointments and being discharged prematurely from a service, leaving the family member feeling de-motivated to try again;
- 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;
- not understanding what is expected and why;
- resentment of staff changes;
- fear of oppressive judgements (particularly for disabled or substance

misusing parents);

- fear of stigmatisation;
- 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;
- a difference of opinion between parents and professionals around the presenting needs of the family;
- a history of not receiving the help when requested by the family and only when identified by a professional

8.0 Trauma-informed practice

8.1 There has been a growing awareness nationally of the importance of the traumatic impact of adverse childhood experiences, and the need for practitioners to develop their practice in response to this awareness.

8.2 Locally, the *Ashley Learning Review*² has reinforced this awareness: 'Trauma informed practice has focused on neuroscience, the impact on the brain of adverse childhood experiences and the biology of stress. This approach also recognises how professionals unknowingly can re-traumatise children, young people, and adults by their interactions. It reflects the need for professionals to take a trauma-informed approach when interviewing children, young people and adults and understand the triggers that can lead to more negative responses and behaviours.'

8.3 A trauma-informed approach has the following characteristics; it:

- **Realises** the widespread impact of trauma and understands potential paths for recovery
- **Recognises** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeks to actively **resist** re-traumatisation³

8.4 As the *Ashley Review* makes clear, it is not only the children with whom we work directly that may have had (and continue to have) adverse experiences that lead to

² [Local Child Safeguarding Learning Review – Ashley](#), Pan Dorset Safeguarding Children Partnership, June 2022

³ [Key Ingredients for Successful Trauma-Informed Care Implementation](#), p.2, Center for Healthcare Strategies, April 2016, viewed January 2023

trauma; this may be just as true for one or both of their parents. A parent who was abused as a child, or who has experienced or continues to experience domestic abuse is also likely to experience trauma.

- 8.5 The challenge for safeguarding practitioners is to engage with whole families in the ways set out at 7.3, whilst retaining a primary focus on the safety and wellbeing of the child or children. An adult who experiences trauma may also pose a risk of serious harm to their child.
- 8.6 Trauma-informed practice is not something that safeguarding practitioners can do in isolation; it must be owned by their organisations and partnerships. All practitioners should be aware of trauma-informed approaches, and use them to drive their curiosity and analysis, but complex situations may well need specialist involvement if the circumstances are to be properly understood and addressed.

9.0 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

This may be shown 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.

Coercive control

Be alert to the possibility that one parent may be coercively controlling the engagement with safeguarding practitioners of all the other family members, including the other parent; if they are, this may be an indicator of a wider abuse problem. If one parent requires that all information is sent only to them, if they make it difficult or impossible for safeguarding practitioners to see other members of their family alone, or if a child or other family member appears to

be giving 'scripted' answers when they are seen, the possibility of coercive control should be discussed at the strategy meeting, child protection conference or core group – whichever opportunity presents first – and an action plan developed.

Confrontation: includes provoking arguments, extreme avoidance (not answering the door) and a deep dismissive body language may be 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.

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;
- parents/carers align themselves with certain professionals;
- child's report of issues is in conflict with parent's/carer's report;
- 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 the physical space of the home and objects in rooms – tables,

televisions, dogs/other pets – to control where workers or children sit, obscuring views of the child and distracting the worker and stopping them from moving;

- using clothing and substances (such as chocolate) to hide injuries;
- coaching children to suggest all is well;
- dirt and smell used to disgust workers and prevent them from moving towards and touching the child;
- using part of the home to hide abusers and children (e.g. bedrooms, lofts, sheds etc.)



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’.

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.

10.0 What families say they need from services and workers?

10.1 Parents say it helps when workers:-

- 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;
- are reliable;
- 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;
- are transparent;
- 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.

10.2 What children and young people say they need from a worker

A recent review highlighted by Eileen Munro (2011) summarises the key characteristics that

'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

children and young people look for in a worker. These are:

- willingness to listen and show empathy, reliability, taking action, respecting confidences, and viewing the child or young person 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.

10.3 The things that parents said did not help:

- professionals making assumptions about what you would like or need to happen next;
- not being kept informed by professionals;
- not feeling listened too or feeling like their point was misunderstood;
- big intimidating meetings where they didn't recognise everyone and didn't know what their roles were;
- not being able to access the information because they didn't have very good reading skills.

11.0 Engagement: What we know works

11.1 Principles for successful and sustained engagement with families

- be child-centred;
- the process of engaging and helping families is largely determined by the qualities and skills of the practitioner in building an effective trusting relationship with the family;
- recognises that the most effective relationship to enable change is a 'partnership';
- practitioners and parents being willing to listen to and learn from each other;
- acknowledges that families are the experts in their own lives;
- acknowledges and uses family strengths;
- all families have the potential to change;
- requires an understanding and honest sharing of issues around safeguarding;
- uses of persistent and proactive approaches to engage the family;
- happens where there is support for the whole family;
- requires effective support and supervision for staff, encourages evaluation and self-reflection;

11.2 Working in partnership with the family

Most 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;
- Complementary expertise;
- Agreement of aims and processes;
- Mutual trust and respect;
- Openness and honesty;
- Clear communication;
- Negotiation

11.3 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	▪ Active listening; ▪ Prompting and exploring; ▪ Responding empathetically; ▪ Summarising; ▪ Enabling change; ▪ Negotiating; ▪ Problem solving ▪ Able to reflect ▪ Adaptable

11.4 Named Lead Worker: ensuring the family has a single point of contact i.e. Lead Professional 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;

11.5 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 and young people;

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;

11.6 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 and young people are actively engaged in the support on offer. The reason for speaking to children and young people 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?*' The development of positive relationships with children and young people in the family also allows practitioners to use modelling behaviour, to encourage parents to recognise and mimic positive interactions with their children. Practitioners' ability to interact positively and voluntarily with children and young people ensures that practitioners are able to recognise and evidence the impact of parental support on children and young people; Throughout the intervention practitioners must balance the views of the parents with the protection of the child, **keep the child in clear focus**;

11.7 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;

11.8 **Be transparent** with families about why engagement is necessary;

11.9 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;

11.10 **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;

11.11 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;

11.12 The assessment process also provides practitioners with the opportunity to ‘get behind the label’ of a family, encouraging them to get to know the parents’ strengths, weaknesses and issues for themselves. This is important in overcoming any pre-conceptions and encouraging practitioners to focus on positive approaches to working with the families;

11.13 Start with and build on family strengths: The focus of engaging and working with families is always to reduce risk but in such a ways that builds on family strengths. All families have strengths. A strengths-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. If workers only focus on the family’s problems it can be easy to ignore the fact that it takes a positive approach to be successful. Identifying and using a strength based approach the worker assists the family in identifying their own strengths, needs and current resources in order to formulate a plan to address their concerns and help them achieve their goals.

11.14 Display a non-judgemental, respectful attitude to parents as this is important in building trust; Practitioners achieve this through not criticising parents in a way that is counter-productive to addressing needs. It is also important for practitioners to allow time for parents to give their opinions, avoid being patronising and demonstrating to parents that their views are important.

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;

The package of support offered to families will include coordinated programmes of support from other services such as health or drug / alcohol treatment to meet the needs of different family members;

11.15 Establishment of a 'Team around the Family' of key services who can offer support to meet the family's needs in a coherent and coordinated manner; Services may be provided either within general or specialist multi-disciplinary teams, depending on the severity and complexity of the problem, but in all cases should be collaborative and coordinated. A strong focus on developing links with other agencies helps increase family accessibility to other services, also increasing practitioners' awareness of other agencies that could be brought in to help meet the needs of children, young people and families;

11.16 Establish an **agreed single plan** that outlines what support is to be offered to the family and by who and tasks to be undertaken by each family member and worker, so that the family know what everyone is doing and why; Have a clear written agreement which shows what we expect from the family as well as what they can expect from us. (It is a two way process);

Provide ongoing encouragement to parents throughout the support process, remaining focused on improving outcomes for children and young people. 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;

11.17 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;

11.18 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 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;
- The package of support offered to families could include access to evidence based parenting programme provision;

11.19 If independent advocacy is available for the child and/or their parents, ensure that this is offered to them. An independent advocate is 'on the side' of the child or family, and so is more likely to be trusted.

Recognise and acknowledge progress, using affirmations, even on a simple basis such as thanking them for their time if they have previously declined a visit.

It is important that practitioners 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.

11.20 Establishing a balance of support and challenge; utilising the range of sanctions and rewards available;

Reducing the **risk of sanctions** can also be a **reward** in motivating families to change. The worker and the 'Team around the Family' can support the family to improve their behaviour in order to avoid such actions, often initially through a temporary suspension arrangement with agencies whilst being clear with families about the risks facing them if change are not made or sustained. Possible sanctions could include a risk of a fine for poor school attendance or risk of eviction from tenancy.

11.21 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;

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 as distinct from descriptions of how parents say they parent;

Make sure endings are effective to support their next engagement experience;

Access existing community resources that have good links with a range of agencies;



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, young people and parents and carers.

12.0 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 'determination' phase when the parent is still in the 'contemplation' phase, such strategies will likely to be ineffective.

The use of DiClemente's model of change (1991) can be helpful to practitioners to understand the change cycle and its application to working with families

Five stages of change



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.
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Contemplation	At this stage, the parents acknowledge there is a 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.	- Identify the pros and cons of present behaviour as well as the 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;
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	- Help the parent identify best actions to take for change; - Identify short and long term goals; - Identify internal and external resources to support change;

	- Real problems and their effect on the child; - changes they wish to make;	- Support their motivation for change; - Start to work with the family to develop an agreed family support plan,
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	- specific goals to achieve change; - how parents and professionals will co-operate to achieve the goals; - the rewards of meeting goals; - Consequences if change is not achieved.	(Change strategy) that is realistic, acceptable, accessible appropriate and effective.
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	▪ Help parents identify the possibility of relapse;

	rehearsing and testing of new skills and coping strategies over time and in different conditions; ▪ Sustaining and internalising new behaviour	▪ Support parent to identify their triggers to relapse and develop 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?
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13.0 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

Listen for “change talk”

I could try ...
It may work if ...

Non-change talk:

That would not work
Yes, but it is not



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.

14.0 Where engagement is 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 Professional and/or the ‘Team around the Family’ need to re-evaluate the engagement strategy otherwise the impact can be:

- everyone withdraws leaving the child at risk of ongoing poor outcomes and/or unprotected;
- the family is ‘punished’ by the withholding of some services at the expense of assessing and resolving the situation for the child;
- there is a divide between those who want to appease the parents and those who want to oppose - or everyone colludes.



It is paramount that practitioners adhere to their own organisations policies and procedures to address their own personal safety when working to effectively engage a family. E.g. Lone Working Policy. Pan-Dorset procedures must also be adhered if at any time concerns

are raised over the serious harm to child/ren/ young people or if a crime is being committed.

14.1 Strategies which may be helpful when engagement is difficult or not working

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 a **strength based approach** to identify small signs of positive engagement with a view to building successes. This can be used where there is a level of avoidance by the family to engage. Utilise techniques of being flexible and times and venues to meet and consider the possibility of having contact with the family jointly with another person in whom the family has confidence;
- adopt a **balanced approach**: professionals must attain and hold a balanced position and be able to shift that position to reflect changing circumstances for children – there will be times when an optimistic and supportive position should take precedence and others when a more explicit scepticism and mistrusting approach is warranted.
- **use an authoritative approach** aimed at containing anxiety and ensuring that the child's needs and outcomes stay in sharp focus. "Authoritative practice means that professionals are aware of their professional power, use it judiciously and that they also interact with clients and other professionals with sensitivity, empathy, willingness to listen and negotiate and to engage in partnerships. They respect client autonomy and dignity while recognising their primary responsibility is the protection of children from harm and the promotion of their well-being." It is important that practitioners are clear about what can and cannot be negotiated and try to identify what the resistance is really about and what is working well;
- discuss the issues/concerns with the child, young person and family and identify solutions together;
- **continue to be open and honest** with the family about why the offer of support will be beneficial to all family and where required state professional and/or legal authority;

- **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;
- listen to the family and demonstrate understanding of what is being said;
- 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 professionals will not give up working with the family. This may require the professional/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. Professional 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 by child protection agencies and in dangerous situations professionals should not work alone;
- ensure that parents understand what is required of them and the consequences of not fulfilling these requirements. At the end of each contact it may be helpful to provide a summary of what the purpose has been, what has been done, what is required by whom and when;
- be willing to take appropriate action to protect the child/ren, despite the action giving rise to a feeling of personal failure by the professional in the task of engaging the parent/s;
- 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.

14.2 Lead Professional 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 an assessment and/or delivery of the support plan 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 at regular points from the decision to undertake the assessment and ideally this should be within 10 working days, 30 working days after allocation then at each 30 day review) or after 3 missed planned appointments, or when access to child/young person is denied by the parents;
- 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;
- consider how quickly it is necessary to respond; is there a need for immediate action?
- undertake the Family Engagement Risk Assessment(Appendix 1);
- all multi-agency 'Team around the Family' 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 Professional and the 'Team around the Family' must ensure Pan Dorset Protocols and procedures for information sharing between professionals to protect vulnerable adults is followed to facilitate the sharing of appropriate information across services to ensure a clear picture of the family's needs is known and understood and can inform the decision on what needs to happen next.



Pan-Dorset Multi Agency Safeguarding Procedures must be followed where there are concerns over serious harm to children/ young people or if a crime is being committed.

15.0 Completing the Family Engagement Risk Assessment Tool

15.1 The Family Engagement Risk Assessment Tool will provide the Lead Professional/ 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;

15.2 The Family Engagement Risk Assessment Tool should be undertaken by the Lead Professional and or the 'Team around the Family' 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;

15.3 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;

15.4 Should carefully identify and consider the known risks, vulnerabilities and protective factors (see Appendix 2 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. If a **Resilience / Vulnerability Matrix** has been completed for each child this can be used as evidence to inform the **Family Engagement Risk Assessment**;

15.5 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 **Pan-Dorset Safeguarding Children**

Partnership Continuum of Need 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**;

- 15.6 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.
- 15.7 Once completed, the Lead Professional must discuss the outcome with their Line Manager within pre-agreed timescales, unless the Family Engagement Risk Assessment highlights an elevated risk of significant harm to the child/ren when Pan-Dorset Multi Agency Safeguarding 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.
- 15.8 Management oversight and decision making must be recorded on the Family Engagement Risk Assessment;
- 15.9 The Family Engagement Risk Assessment Flow Chart (Appendix 3) can be used to provide an appropriate pathway;
- 15.10 The Family Engagement Risk Assessment must be shared with all 'Team around the Family' members within 5 working days and stored within the child's case record;
- 15.11 The Family Engagement Risk Assessment should not be a one off assessment but will need to be reviewed at regular intervals which will need to be articulated within the action plan agreed and reviewed by the Lead Professionals Line Manager.

Version:	3
Reason for update:	Section 5 on cultural competence added to the toolkit in response to a recommendation from a Dorset Local Child Safeguarding Practice Review.

Date agreed by Dorset policy and procedure group:	14 March 2023
Date agreed by Dorset Multi-Agency policy and procedure group:	10 May 2023
Date of next review	June 2024
Document owner:	PDSCP Business Manager

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 Vulnerability (Evidenced)			Protective/Resilient Factors (Evidenced)	
Historical	Current		Historical	Current
		+		
'Grey Areas'	'Grey Areas'		'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	Who will do	By when	Review date

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

Name of Manager:	Signature:	Date:
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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 and young people previously
- Persons known or suspected of having seriously neglected children and young people 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 1: Pathway Flowchart

