

Suffolk County Council

Suffolk Early Help Teams

Engagement Guidance

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Agreed by: Quality Assurance Team / Early Help Service

Responsible service area / team: Early Help Teams

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Document Summary:

This guidance aims to support practitioners to develop strategies and support a consistent approach across the County. It will also ensure that we have demonstrated an element of persistence as a service to try and effectively engage with families. The guidance will also ensure that adequate risk assessments have been completed, that risk is assessed prior to any closure and that children are referred to Social Care if there are any outstanding risks to the child's safety or welfare.

1. Reason for this guidance

1.1 This guidance aims to support practitioners to develop strategies and support a consistent approach across the County. It will also ensure that we have demonstrated an element of persistence as a service to try and effectively engage with families. The guidance will also ensure that adequate risk assessments have been completed, that risk is assessed prior to any closure and that children are referred to Social Care if there are any incomplete actions and/or risks to the child's safety or welfare. The policy should be used in conjunction with the Suffolk Local Safeguarding policy; [Working with Hard to Engage Families Within the Context of Safeguarding Children](#)

2. The importance of engagement with a family

2.1 Providing early help is more effective in promoting the welfare of children/young people than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's/young person's life. Early help can also prevent further problems arising.

2.2 When the CAF is completed with the family the assessor should be open, honest, and transparent with family members and ensure they are aware that this is a consensual service. The family should be fully involved in the assessment process, the young person's wishes and feelings gained and they should be fully aware of the service they are being referred to and why. The family should also be encouraged to take part in the decision-making process and develop a clear plan of action to achieve their safety goals. They must receive a copy of the initial assessment (CAF) and all parties are required to sign the consent form giving the service permission to record, seek and share information with other services.

2.3 It is also important to acknowledge that some families may struggle to access support. This should not be confused with non-engagement. Where possible, the family needs to lead their Family Network Plan, decide who attends Family Network Meetings (FNM) and where the meeting will take place. Before referrals are made to other services, considerations should be taken as to how the referred person will access the support, costs, travel arrangements/fees, child minding, clashes of appointments with other services. Some families also become over whelmed with service involvement, so it is essential that their plan is realistic and that they are only committing to what is practically viable.

3. Non-compliance, avoidance, and ambivalent behaviour

3.1 Non-engagement shows itself in a variety of ways and often varies from person to person, family to family, depending on their circumstances. Non-engagement may be that the family may feel resentful, find their changes too difficult or painful. They can avoid phone calls, ignore letters, and may pretend not to be in when conducting a home visit; they may also cancel meetings at short notice or cut them short.

3.2 Ambivalent behaviour involves clients not admitting to their lack of commitment to change but working subversively to undermine the process. Ambivalence can be seen when people are always late for appointments, or repeatedly make excuses for missing them; when they change the conversation away from uncomfortable topics and when they use dismissive body language.

3.3 Non-compliance involves proactively sabotaging efforts to bring about change or alternative passively disengaging. There may not be any significant change at reviews despite significant input from external agencies/resources rather than through the parental/carers own efforts. Parents/carers may agree to a plan with professionals but put little effort into making changes work or Parents/carers may choose to be aligning themselves with certain professionals and only engaging with certain aspects of a plan.

3.4 The NSPCC's document '**Disguised Compliance; Learning from case reviews**' provides a summary of risk factors and learning from improved practice around families and disguised compliance. Practitioners should be mindful of

- Missing opportunities to make intervention
- Removes the focus from the child
- Over optimism about process.

Recognising disguised compliance may include;

- Parents deflecting attention
- Criticising professionals
- Failing to engage
- Avoiding contact

Learning from improved practice includes;

- Establishing facts and gather evidence
- Build chronologies
- Record the child's/young person's perspective
- Identify outcomes
- Use staff supervision to challenge beliefs.

4. Early Help Guidance to promote active engagement

4.1 Management of re-referrals (CAFs) - Re-referrals should be identified at the point of Triage. An information trawl is conducted on all available systems and the trawl should identify all re-referrals and requests to re-open CAFs. If it is apparent that there has been multiple CAFs in the last year, the case analysis completed should take this into consideration. The allocated worker should explore this with the family and try to establish why they require help again, what worked well last time, what's changed and why were they not able to sustain support etc. Case analysis will also capture any cases where the child/young person has been subject to three or more contacts/request for support in the last year and/or where a child under 2 years has been subject to 3 or more contacts/requests within 6 months

5. Initial contact

5.1 Prompt contact when the family first asks for help it is essential to support effective engagement from the onset. It has been evident from internal audits that where there was a significant delay in contacting the family, initial engagement was harder to obtain, families started to drift and premature closure was more likely to occur.

5.2 Initial Contact - Persistent attempts to contact the family should be made. Ideally there should be at least three calls made (one outside working hours), text or letter sent and a home visit made. Before closing cases, the allocated worker should try and establish contact through other known professionals involved with the family. Where the young person is Fraser competent, attempts to contact the young person should be made via the school. See process chart Appendix 1.

6. Delayed contact

6.1 In an OFSTED thematic report 'Early help: whose responsibility?' (2015) 'Inspectors closely reviewed early help cases alongside a professional involved in working with the family. They found that opportunities to intervene earlier were missed in over 40% of the cases. In a very small number of cases, despite the efforts of professionals, parents had refused offers of help and professionals appropriately judged that this refusal did not warrant referrals to children's social care at that time. These missed opportunities were attributed to several factors, including delays in information-sharing between agencies, delays in providing services following assessment and parents not being given support when they first asked for help.

7. Transfer of allocated worker

7.1 Where there is a need to transfer an allocated worker whilst engagement is taking place, it is vital that where possible, a considered transfer happens. The family should be fully informed of the plans to change workers and have some understanding as to the reasons behind this decision (such as a member of staff leaving the service). There should be a planned hand over period, ideally with a joint visit, where the handover of the families mapping and agreed plans or actions are discussed. Where it is not possible for a joint visit to occur, the newly allocated worker should discuss the case with their Practice Lead/Manager and ensure that they familiarise themselves with the case notes (ensuring that the family do not have to repeat themselves).

8. Absence Cover

8.1 When it is evident that an allocated worker is going to be absent for more than a week, it is important that the family are made aware of this as soon as possible. The case should be given to someone else 'to hold' in their absence. The family will know their name and how to make contact if support or advice is needed. Where absence continues for more than six weeks, the Practice Manager should re-allocate the family.

9. Encouraging engagement

9.1 Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. The arrangements made with a view to improving the well-being of all children in the authority's area, which includes protection from harm and neglect. We therefore need to work with other agencies/partners and local authorities to promote effective engagement. If the family are not engaging with the Early Help provision, the following should be considered and actioned where required prior to closing a case;

9.2 **Availability of resources;** consider if the family have disengaged as they have been unable to secure appropriate resources to suit their needs. If this is the case, gaps in provision should be reported to Managers and/or commissions to support with future planning.

9.3 **Consider if a professionals meeting is required** or whether the case can be discussed at groups such as Integrated Network Teams, Multi-Disciplinary Teams (MDT's) such as Connect Meetings, Peer discussions or at group SOS mapping.

9.4 **Document well professional meetings** and/or consultation with Manager/Consultant Social Worker. Any agreement is to take no further action and the case closure should be well documented with a clear rationale. This course of action should be confirmed and approved by line managers in each agency and only in the absence of safeguarding concerns.

9.5 **Calls/text;** It is recommended that all telephone numbers known are called, at least twice within working hours and one call outside of working hours

9.6 **Letters;** a letter should follow informing the parent that the worker has tried to make contact via the telephone; a follow up appointment can then be offered. Consideration should be taken where English is not the families/young person's first language, e.g. appointment letter in families first language.

9.7 A **home visit/cold call** should be attempted to try and see the child/young person within their home environment. This action is to both attempt re-engagement and to assess if there are any elements of risk outstanding to inform the closure decision making process.

9.8 **If no access is obtained**, the worker will need to risk assess and a case analysis should be prepared for consultation with the Manager and/or Consultant Social Worker. The family's individual circumstances will need to be considered to assess if the parent can appropriately parent, the child's environment is appropriate and whether the child will need additional support to ensure their welfare.

9.9 **Risk Assessment;** if there are any outstanding areas of assessment/plan still outstanding, consideration should be made as to whether this can be done via other professional colleagues involved with the family (possible ACCORD) and/or who we would be able to share the information with as part of their responsibilities under Working Together 2015. Risk can be assessed with the practitioner and Practice Lead/Manager or may include a consultation with the Consultant Social Worker. Where there have been raised concerns around the families' non- engagement, a professionals meeting (such as Connect Meetings) can be arranged prior to closure to support a comprehensive risk assessment. All residual risk can be explored and documented on the case closure form.

10 Consultation with Social Care

10.1 Consultation can take place with a Consultant Social Worker for any case. When the case has been stepped down from Social Care however, if the agreed actions for the Early Help Team have not been completed (as identified in the Statutory Assessment action plan), a consult should take place. This is to review contingency plans as laid out in the Stat Assessment and ensure there would be no residual risks if the case was to close.

11 Recordings

11.1 **Attempted contact** – all attempted contact should be recorded on the Case Management System. This is essential to evidence that we have been persistent in our attempts to contact the family.

11.2 **Record all unattended appointments** (this can be done by using the event 'planned interventions' on the case management system). This will allow viewers to see patterns of non-attendance and/or disguised compliance.

11.3 **Transfer meetings** - should be documented on the child's/young person's electronic folder and any agreed actions clearly recorded with a clear rationale.

12 Supervision

12.1 Supervision records should record all discussions and decisions made around all non-engagement / disguised compliance and/or attempt to engage with the family.

13 Withdrawn consent

13.1 The [working together document](#) states that if parents and/or the child do not consent to an early help, then the lead professional should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral into local authority children's social care may be necessary.

References

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews/learning/disguised-compliance/>

<http://suffolkscb.org.uk/assets/files/2014/2014-V3-Post-SCR-Hostile-and-Evasive-clients-draft-2014-09-.pdf>

Appendix 1

Attempted engagement Process

