

# Suffolk Early Help Teams Engagement Practice Guidance

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**Is this a Public Facing Policy:** No

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## Document Summary

This document provides Early Help Teams with guidance to assist when engagement with families who are working with a CAF is difficult or not working.

Version Control	Reason for revision and summary of changes needed	Date
1.1	0-19 Health re design, case management system change, job role within Early Help changes	19/12/2019
1.2	Actions from Serious Case Reviews – recognition of working with young parents	23/12/2020
1.3	Update of flowchart, addition of Broker CAF	01/07/2021

**We will on request produce this document, or particular parts of it, into other languages and formats, in order that everyone can use and comment upon its content.**

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## 1 Introduction

- 1.1 This document aims to provide Early Help practitioners and managers with guidance to assist when engagement with families who are working with a CAF is difficult or not working.
- 1.2 This guidance should also be used in conjunction with the [Suffolk Safeguarding Partnership Working with Hard to Engage Families Within the Context of Safeguarding Children Practice Guidance](#)

## 2 The importance of engagement with a family

- 2.1 When a Common Assessment Framework (CAF) is completed with the family the practitioner should be open, honest, and transparent with family members and ensure they are aware that this is a voluntary, collaborative service. The family should be fully aware of the service they are being referred to and why. A CAF is focussed on achieving the best possible outcomes for the child, young person, and their family.
- 2.2 Practitioners should always hold in mind 'What is life like for this child/young person.' The child/young person and their family should be fully involved in the assessment process. The child/young person's wishes and feelings will be gained and be central to the assessment and plan. The family should take part in the decision-making process and take ownership of their plan. They must receive a copy of the CAF and be made aware of the Privacy Notice.

## 3 Defining and recognising difficult to engage behaviour

- 3.1 It is important to acknowledge that some families may struggle to access support. This should not be confused with non-engagement.
- 3.2 Some families may also become overwhelmed with service involvement, so it is essential that their plan is realistic and that they are only committing to what is practically viable.
- 3.3 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.
- 3.4 **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.

- 3.5 Confrontation:** includes provoking arguments, extreme avoidance (not answering the door) and can indicate a deep dismissive body language is used.
- 3.6 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.
- 3.7 Refusal:** when families will not meet with workers or refuse permission for a child to be seen on their own.
- 3.8 Disguised Compliance:** some parents may give the appearance of cooperating to avoid raising suspicions and to minimise intervention. Some families may deliberately sabotage efforts to bring about change i.e. missed appointments.

Disguised compliance may look like:

- Focusing on one particular issue – parents make sure one thing goes well to deflect attention away from other areas.
  - Being critical of professionals – parents will seek to blame other professionals for things not happening, again deflecting attention away from things they have not done and seeking to split the professional group working with the family.
  - Failure to engage with services – parents will promise to take up services offered but then not attend appointments due to other problems.
  - Avoiding contact with professionals – parents will agree to certain targets and then avoid further contact with professionals. Always having lots of family/friends within the home which may mean that meaningful work is unable to take place with the family.
- 3.7** 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 undertake interventions
- Removing the focus from the child/young person
- Over optimism about process

Learning from improved practice includes:

- Establishing facts and gather evidence
- Building chronologies
- Recording the child's/young person's perspective
- Identifying outcomes

## **4 Early Help guidance to promote active engagement**

- 4.1 Management of CAFs** – The number of CAFs that have been opened for a family should be identified within the allocated Team. An information trawl is conducted which should identify all 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.
- 4.2** Once allocated, the worker should explore with the family 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 analyses completed by the allocating Manager will also capture any cases where the child/young person has been subject to three or more contacts in the last year and/or where a child under 2 years has been subject to 3 or more contacts within 6 months.

## **5 Initial contact**

- 5.1 Prompt contact** 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 away from the service and premature closure was more likely to occur.
- 5.2** 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. See process chart **Appendix 1**.
- 5.3** Ensure non-resident parents and/or significant others are actively engaged to participate in offer of support; including fathers, partners, and grandparents.

## 6 When engagement is difficult or not working

6.1 Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency co-operation to improve the welfare of all children.

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 team, the following should be considered and actioned where required prior to closing a case:

- **Availability of services;** consider if the family have disengaged as they have been unable to secure appropriate services e.g mental health, housing.
- **Consider if a professionals meeting** would be useful 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 through group SOS supervision.
- **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.
- **Letters;** a letter should follow informing the parent/carer 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. sending communication in the families first language.
- An unannounced **home visit** 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 worries that may impact upon the case closing.
- **If unable to communicate with the child/young person and family,** the worker will need to risk assess and a case analysis should be prepared for consultation with the Manager and/or the Consultant Social Worker. The family's individual circumstances will need to be considered to assess if the child will need additional support to ensure their welfare. This may include a conversation with the Consultant Social Worker to see if it is appropriate to visit the child/young person in their school/education environment.
- **Risk Assessment;** if there are any outstanding areas of the assessment/plan still outstanding, consideration should be made as to whether this can be done via other professionals involved with the family; using the [Collaborative Casework Protocol](#) and/or who would be able to share the information with as part of their responsibilities under [Working Together 2018](#). Risk can be assessed with the practitioner and Practice Lead/Manager or may include a consultation with the Consultant Social Worker.

## 7 Consultation with Social Care

- 7.1 Consultations can take place with the Social Care team for any CAF case.
- 7.2 When the case has been transferred from Social Care however, if the agreed actions for the Early Help Team have not been completed (as identified in the Social Work Assessment plan), a consultation should take place. This is to review the plan as laid out in the Social Work Assessment and to discuss risks and next steps which may mean CAF closure or a transfer back for a further assessment with Social Care.

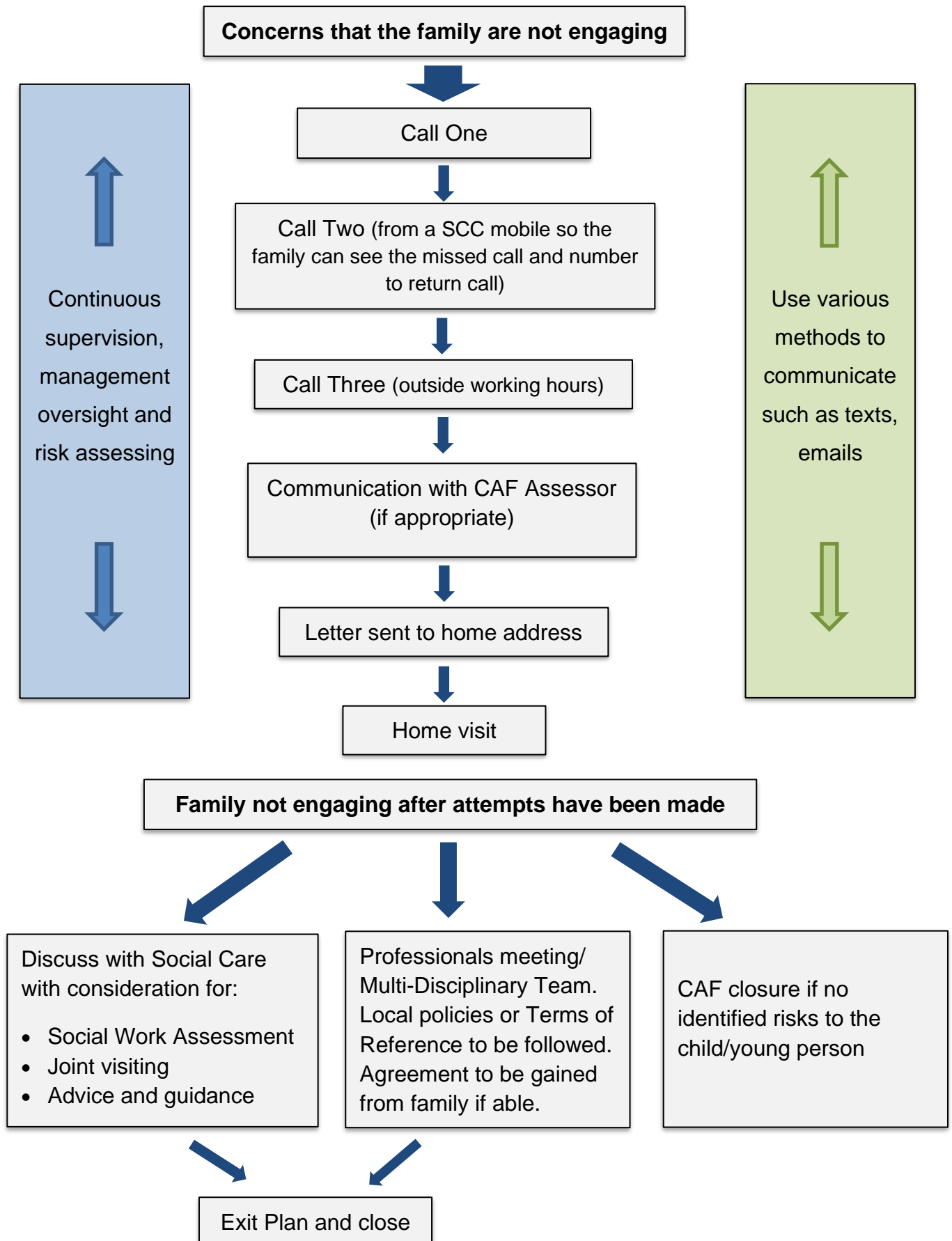
## 8 Recordings

- 8.1 **Attempted contacts** – all attempted contacts should be recorded on the Case Management System. This is essential to evidence that there have been attempts to contact the family.
- 8.2 **Record all unattended appointments** This will show patterns of non-attendance and levels of engagement.
- 8.3 **Consultation with Social Care/Transfer meetings** - should be documented on the case management system and any agreed actions clearly recorded with a clear rationale.
- 8.4 **Supervision records** should record all discussions and decisions made around all non-engagement and attempts to engage with the family.
- 8.5 **Professional meetings** - there are times when it may be useful to have a learning conversation/consultation/discussion with other professionals, particularly if there are worries about engagement. These meetings will maintain a stance of being professionally curious, respectful and non-judgemental to support the outcome for the family. The meetings should be recorded on the case management system. If there is an agreement for the CAF to close, this should be documented, confirmed and approved by line managers and only in the absence of safeguarding concerns.

## 9 Withdrawing agreement

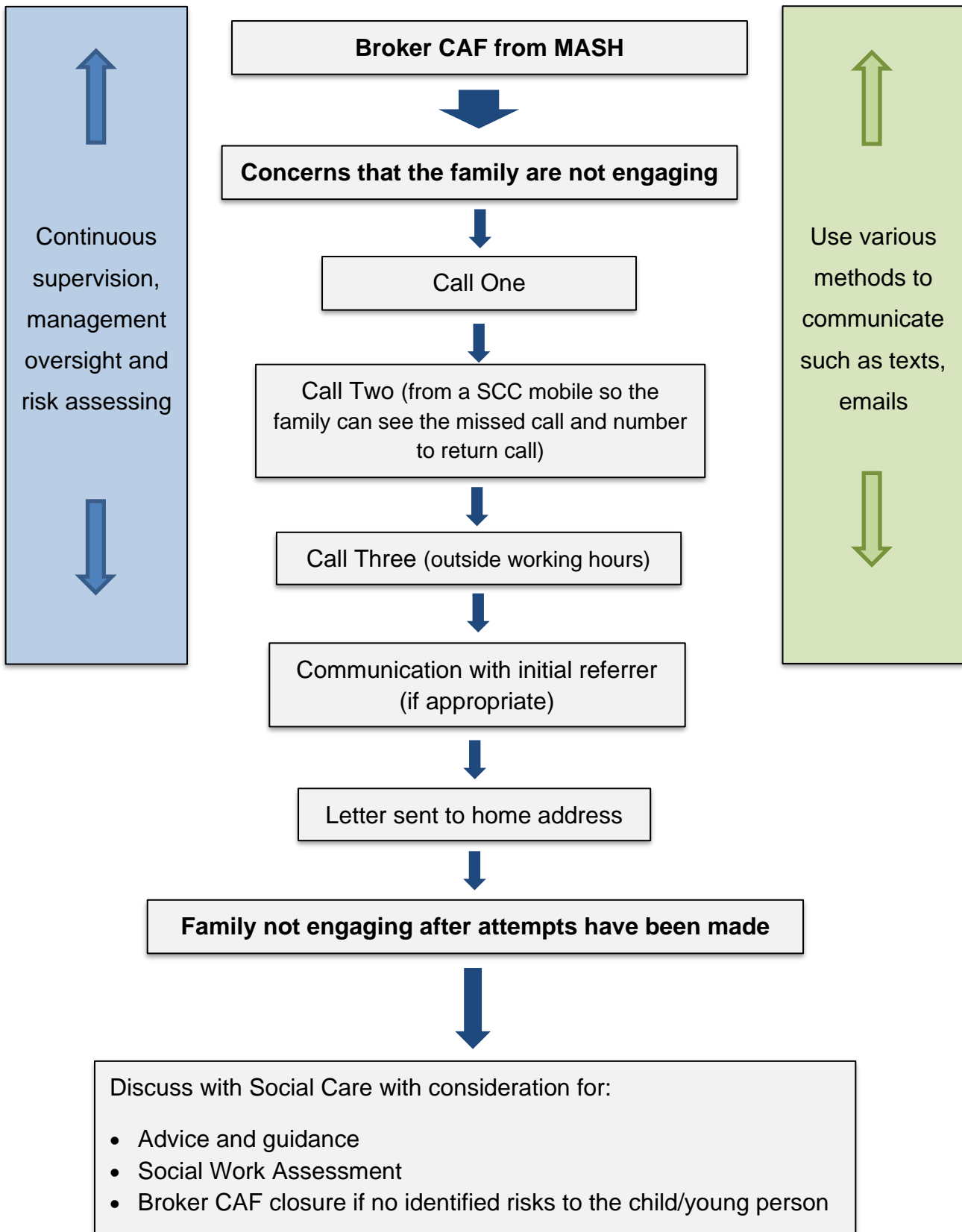
- 9.1 [Working Together 2018](#) says that for an early help assessment to be effective - it should be undertaken with the agreement of the child and their parents or carers. Where an agreement to an early help assessment cannot be obtained, practitioners should consider how the needs of the child might be met.

## Appendix 1 Early Help Team CAF Engagement Process





## Appendix 2 Early Help Team Broker CAF Engagement Process



## Research Documents

- [Research in Practice. Reconceptualising parental non-engagement in child protection.](#)