North Yorkshire County Council

Children and Families' Service

Practitioner Toolkit
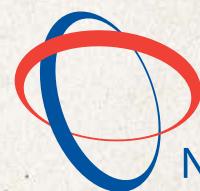
North Yorkshire Children's Trust

Children's and Family Service Practitioner Toolkit

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1.0   Who is the Practitioner Toolkit for?

The Practitioner Toolkit is for all workers who are, or plan to be, engaged in supporting families.

This guidance applies irrespective of service area, from early help through to statutory services.

2.0   What does the Practitioner Toolkit aim to do?

This toolkit builds upon research and evidence based practice which is known to work in effectively engaging families in offers of support which aim to promote positive and lasting change for all the family. It provides guidance in recognising, understanding and responding to those who are difficult to engage, and the risk behaviours which may be encountered when working with children, young people and their parents and carers.

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;

- Families and workers may present barriers, both conscious and unconscious, to effective engagement;

- Families who present with a range of multiple and complex needs require intensive 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;

3.0 Why do we need a Practitioner Toolkit?

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

The importance of effective early help underpinned by positive engagement with families in order to secure effective outcomes at the earliest opportunity is critical.

Research and evaluation evidence demonstrates 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 Review (2012), highlighted the importance of professional relationships in improving the outcomes for children, young people 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 a focus on adult needs and not the holistic family needs; together with a lack of persistence by workers to engage the family in the offer of support. This can be further compounded by 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 families 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).

3.1 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 in achieving this;

• The executive summary completed by Harringey LSCB (2008) states that a key issue which compounds 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.

• NSPCC SCR briefings (Annex A) including

- March 2014 "Disguised Compliance" – based on SCR, since 2011

- June 2014 "Culture and Faith" – based on SCR, since 2010

See also other summary criteria at http://www.nspcc.org.uk/preventing-abuse/reseach-and-resources/at-a-glance-thematic-briefings.

3.2 Who is the Engagement Toolkit aimed at?

This toolkit is aimed at all practitioners working with children, young people and adults who are parents/carers across all levels of the Children and Families Service. 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 must be used by practitioners alongside their own agencies policies and procedures including:

- single assessment, safeguarding

- North Yorkshire Practice Frameworks: Single Assessment plus Procedure and Practice Guidance

- North Yorkshire Safeguarding Children Board Protection Procedures and guidance

- Any protocol for Collaborative Working and Information Sharing between Professionals to Protect Vulnerable Adults and Children.

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 meet with the service for the first time;

2. Enabling the family to recognise the benefits, goals and expectations of agreeing to the service working alongside;

3. Building an effective 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.

"Its not just about getting through the front door" (Louise Casey 2012)

5.0 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;

6.0 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 not positively engaging 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;
- Not understanding professionals concerns;
- Cultural differences;
- Genuine fear – will my children be removed?;
- 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 on-going 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;
- Fear of stigmatisation;
- Being overwhelmed by emotional pain, depression, anxiety and guilt;
- 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

7.0 Defining and recognising barriers to effective engagement

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/or use of a deeply dismissive body language.

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 : eg missed appointments. This could also be seen when:

- Parents / carers agree 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 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 the 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.)

NB: 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.

7.1 Engaging resistant, challenging and complex families - the importance of early intervention

Dual issues covered by the latest research consider

- Issues of families' resistance,

- Problems of service design and delivery that make services inaccessible or unattractive to engage with.

How and why families challenge:

- Forester et al (2012) identify two main types of cause of resistance:

- Resistance created in the social context of the encounter with the practitioner

and

- Resistance linked to the individual or family dynamics.

"Parental resistance can be understood as one of the fundamental factors that shape the nature of social work with families where children are in need or at risk of significant harm" Forester et al (2012)

They propose a model for understanding the different reasons for parental resistance based on 5 main contributory factions. These interact – "often reinforcing one another to create a powerful cocktails of resistance".

1. Social structure and disadvantage

Most "clients" have experienced discrimination, oppression and disadvantage, and these are key in shaping their interaction with keyworkers. However, this should be understood within the context that many other families have also experienced those issues and do not challenge professionals, which highlights the value of an ecological approach to assessment

2. The context of child protection intervention

Statutory intervention reinforces the social experiences outlined above and social work intervention is often viewed as further oppression. This provokes further resistance, which may be exacerbated by fear of a child being taken into care. Such fears may also inhibit parents from discussing legitimate concerns with workers.

3. Parental resistance to change

Forester et al discuss shame, ambivalence (feeling conflicting emotions) and lack of confidence in particular. Parents who have experienced oppression or discrimination may perceive their difficulties as entrenched and have little confidence in their ability to change. While this may be construed as ambivalence, it is crucial to differentiate between ambivalence about the need to change and ambivalence about the ability to do so. In any change process, accepting the need for change is vital.

4. Minimising / denying abuse or neglect

Whether harm has been caused by omission or commission, parents may intentionally deceive practitioners. Consequently, practitioners need to be skilled and creative in order to bring about meaningful engagement leading to change.

5. Conduct of the key (social) worker.

Empathic listening, respectful communication, and reflection are all crucial. These points are echoed by Mason (2012) whose findings regarding the "art of relationship" in social work are covered later.

"Client resistance is not something that solely exists within the client, nor even something that is simply produced by the context of child protection. Rather, it is also to some degree a product of the nature and quality of the interaction between client and keyworker. This is crucial because it puts the spotlight on worker behaviour as both a potential cause of resistance and also our most important tool for reducing resistance" Forester et al (2012)

7.2 In what ways do families resist or challenge services?"

A C4EO Knowledge Review on effective practice to protect children living in "highly resistant" families outlines a number of ways in which families may present significant challenge to practitioners (Fauth et al 2010). These include:

- Being unmotivated

- The parents cannot be contacted

- The family is constantly in crisis.

Families may also sometimes resort to violence against workers, and managers have identified a need for more systematic and structured responses to violence against their workers. However they also articulate the tension of balancing the safety of practitioners with the protection of children who live in violent and aggressive homes.

In their definition of resistance, Forester et al (2012) include "apparent co-operation". The diagram below illustrates some of the behaviours associated with disguised or false compliance that challenge workers intervention. Recognising these behaviours, challenging them and gauging parents' responses are all key aspects of assessing parental capacity to change.

		Effort	
		High	Low
Commitment to change	Low	Genuine Commitment	Approval Seeking
	High	Compliance / Imitation / Tokenism	Dissent / Avoidance
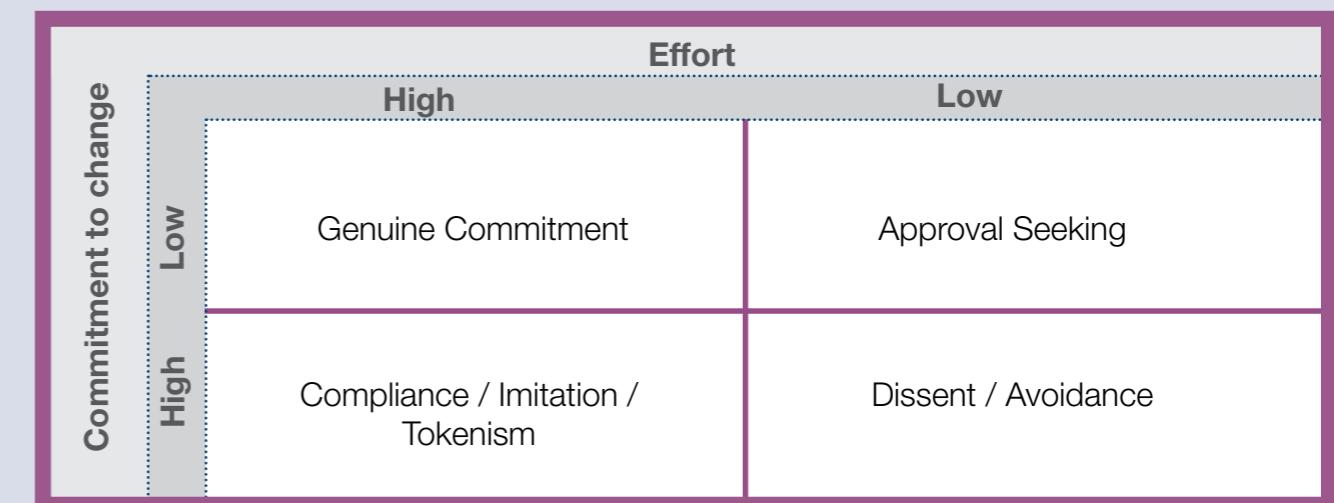
7.3 Engaging complex families over the long term

All practitioners need to be vigilant of the child's need for protection, both in the short and longer term. But for social workers and other practitioners working with complex families over time, maintaining focus on the child can be a particular challenge. The complexities of adults' problems can come to eclipse children's immediate needs (Faith et al, 2010)

8.0 What families say they need from services and workers

8.1 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, involve the family in the development of the plan and set some achievable goals;

8.2 What children and young people 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" - a young person

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

- ability to communicate with children of varying abilities and address the emotional needs of children at key points in their lives.

8.3 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 to 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;

9.0 Engagement: What we know works

9.1 Principles for successful and sustained engagement with families

- acknowledges that families are the experts in their own lives;

- acknowledges and uses family strengths; and all families have the potential to change;

- requires an understanding and honest sharing of issues around safeguarding;

- uses persistent and proactive approaches to engage the family;

- happens where there is support for the whole family;

- 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;

- to enable this workers need effective support and supervision for staff, encourages evaluation and self-reflection;

9.2 Strategies and approaches to support family engagement

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 suggest 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

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:

- A non-judgemental attitude;

- Respectful attitude;

- An encouraging and empowering approach;

- Warmth and empathy;

- Being genuine;

Practitioner Skills

- Active listening;

- Prompting and exploring;

- Responding empathetically;

- Summarising;

- Enabling change;

- Negotiating;

- Problem solving;

- Able to reflect;

- Adaptable

- **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 relationships with the family and acts 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 behaviour. 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;

- **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 problems"? 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; See – Single Assessment Guidance – NYCC and via NYSCB.

- 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 dads, 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** is supported e.g. the needs of the parents will be addressed and met as well as the needs of the children;

- **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 of 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.

- **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 and observation 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/ observation 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;

- The assessment / observation 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 preconceptions and encouraging practitioners to focus on positive approaches to working with the families;

- **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 us that we have not been clear enough and it also gives the worker a chance to correct misperceptions and provides workers with feedback on their own communication 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; These need to be sequenced in such a way that the families are open to accessing them and able to access them.

- **Establishment of a "Team around the Family"** of key services , co-ordinated

through the one worker, 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;

- Establish an **agreed single family 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);

- 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 the family, to speak to a parent to arrange an appointment rather than sending an "official" looking letter.

- Being mindful that some parents/ carers may 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

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

- Advocate on behalf of the family or family members

- 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 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 / consequences and rewards/ positive/ reinforcing actions 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 changes are not made or sustained. Possible sanctions could include a risk of a fine for poor school attendance or risk of eviction from tenancy.

- Working with the family over an extended period of time and ensuring on-going support from a single agency practitioner when multi-agency response is no longer required;

- Provide the family with a seamless service that evidences that the decisions are being made in the best interests of the family

- Specifically observe parent-child dynamics to assess actual parenting as distinct from descriptions of how parents believe 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 on-going process of working towards positive outcomes for the children, young people and parents and carers.

10.0 Cycle of Change

It is vital that when working with families that considerations is given to where the parent(s) are on the cycle of change in order to assess their willingness to work to achieve and sustain the necessary changes. Capacity to change is made up of an individual's motivation to change and ability to do so. Research suggests that if either of these is missing, the parent in question will not feel / be able to change.

This is a critical element of effective engagement and practitioners should note that approaches will need to change dependent upon the stage of change for that individual eg the strategies that are effective in the "determination" phase are unlikely to be effective with an individual in the "contemplation" phase.

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

Five Stages of Change:

Pre-contemplation
Unaware of need to change

Contemplation
Recognise the need
for change

Preparation and
determination
Resourcing change

Action / will-power
Taking small steps
to change

Maintenance
Maintaining new behaviours
reaching goals

Relapse

Stage of change

Pre-contemplation

- Most families are at this stage at the start of the contact with agencies
- Parents may deny there is a problem and not see the 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 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 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;
- 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

- Real problems and their effect on the child
- Changes they wish to make
- 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.

- 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.

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 visualise the long term goal;
- Reframe when necessary;
- Make sure all appointments are kept;
- Advocate for parent and identify available sources of support;
- Review progress and any barriers to progress;
- Plan for and rehearse the ways of overcoming challenges and obstacles;
- Be mindful of parents feeling overwhelmed and consequently disengaging so clarity of goals is essential and recognising and praising progress however small;

Maintenance

- This stage is about consolidating changes, rehearing and testing of new skills and coping strategies over time and in different conditions;
- Sustaining and internalising new behaviour

- Help parents identify the possibility of relapse;
- 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?

11. The Signs of Safety approach

This is a solution and safety oriented approach to Child Protection Casework. It can be adapted and used for a variety of work with families, and is the approach adopted across, service delivery in the Children and Families Service. This way of working is now being embedded with all practitioners and should be illustrated in individuals work – including engagement of hard to reach families.

The Signs of Safety model was created by practitioners, based on what they know works with difficult cases. The essence of the approach is to consider the indicators of danger/harm alongside the indicators of safety and strengths and then make an overall judgment using a safety scale. The aim of the approach is to increase safety for the child/young person by using the strengths and resources that the family has to address the areas of danger or harm. This turns strengths into protective factors and over time workers will establish if these can become demonstrable 'signs of safety'.

The approach is designed to be used from commencement through to case closure and to assist professionals at all stages. Signs of Safety (SOS) training, workbooks, guidance etc. are available for practitioners as well as leaflets for families; however, on the following pages you will find a brief description and outline of some of the tools that make up the Signs of Safety approach.

Practitioners should cosult the SOS website www.signsofsafety.net and also the NYCC specific sos pages on the intranet. A SOS newsletter is issued by NYCC to all staff and partners quartely. During 2015 C&F Services will also be prompting staff to illustrate positive outcomes for families at an appreciative enquiry panel where they can evidence how SOS has been successful in their working with families.

Above all else, Signs of Safety is a questioning approach and meaningful mapping can only be achieved when workers are asking good open questions that get to the heart of the issues we need to be paying attention to. This approach focuses heavily on the use of skillful questioning.

SOS is a cultural change of practice and methodology which includes solution focused brief therapy, relationship questioning model, danger statements, safety goals, safety planning and strength based questioning.
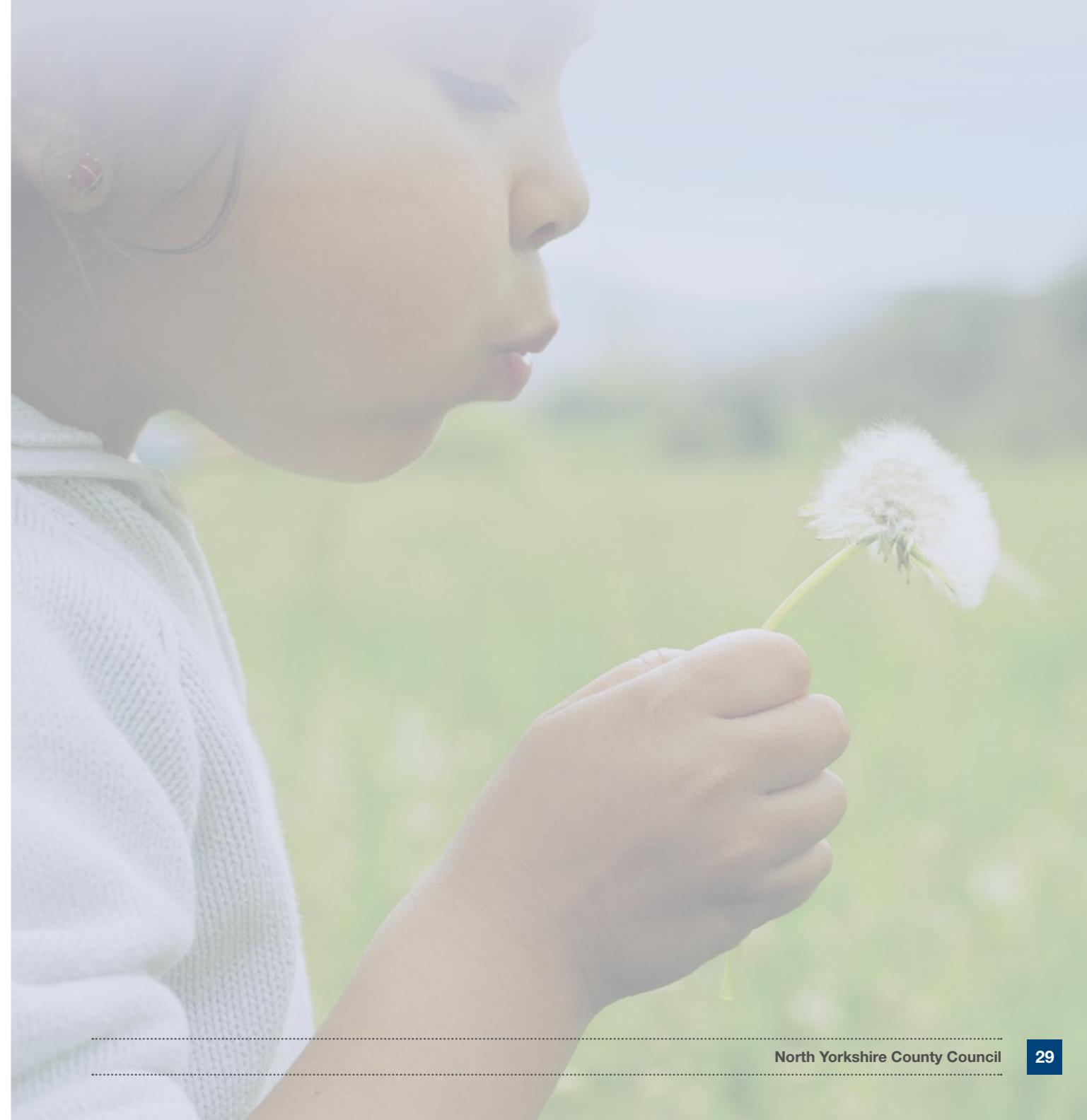
11.1 Signs of Safety Framework

The Signs of Safety Framework is the tool for analysing and making sense of the information that has been gathered and for breaking this down into clear statements that can be understood by everyone, including the children. It also forms the basis for all safety planning.

This process facilitates an understanding of the family situation by organizing the information onto the 'map' in a set of clear and jargon free statements that focus on specific, observable behaviours rather than those based on interpretations (e.g. when the family play card games together, Joe is not allowed to join in).

These **questions** are sorted according to whether they represent:

- **Harm** – what has happened that brings this child to the attention of the agency

- **Current danger** - things going on in the child's life at the moment that represent danger

- **Complicating factors** – things that make it harder for the child and family to resolve the problems

- **Future danger** – what are you worried will happen to these children in the care of these parents/carers if nothing changes?

- **Strengths** - information relating to strengths and resources within the situation or family/extended family that may be developed to achieve safety

- **Safety** – strengths demonstrated as protection (in relation to the danger) over time (definition of Safety developed by Julie Boffa (Boffa and Podesta 2004). Safety can also be an act that someone has or is willing to do to keep a child safe, not just a strength based assessment over time eg if the parents have an incident of domestic abuse, Gran agrees to have the child to stay ie moving the child is an act of safety.

- **Scaling** – once the statements are mapped out, the worker is required to exercise their professional judgement by using the Safety Scale which asks the question, on a scale of 0 – 10 where 0 means that recurrence of similar or worse abuse or neglect is certain and 10 means that there is sufficient safety to close the case, where would you rate yourself? Scaling questions can be regarding other subjects too and when asking for a number the skills of the facilitator/worker are vital in clarifying: how they have arrived at that number? what are the positive illustrations to lead them to arrive at that number? who? how? when? what? The purpose is to try and clarify ideas from the family and professionals for what is the smallest of steps that can be made to increase the number.

- **Safety Goal** – what would sufficient safety to close the case look like?

11.2 SOS, as accepted practice should be used for all elements of practitioner working including

Assessments – for workers to use with families in the family home as a way of building engagement and gathering relevant information in a way that is clear to both parties. For this purpose many workers have found the Three Columns tool to be the most straightforward, and the one that makes most sense to families

Planning and Meetings: The Signs of Safety Three Columns has emerged as one tool that practitioners, families, other agencies and managers find most useful.

Workers to organize their thinking – workers are often faced with so much information that it can become overwhelming. This can be on cases that have been open to the department for many years; cases that have opened, closed and then reopened numerous times or new cases that are deeply complex. The Signs of Safety and Three Columns maps are useful tools to help workers to refocus on the key points, map these out and then develop a danger statement i.e. what are you worried will happen to these children in the care of these parents / carers. This will give the worker a clear direction for the work.

Case consultations – for a supervisor to map the case with the caseworker gives the opportunity for rigorous exploration of the known information, and careful consideration around the next steps. Case consultations provide a way for supervisors to help workers think their way into and through cases; it is NOT a time for supervisors to simply instruct. Whilst there is clear merit in doing

individual case consultations, there is also great value in doing group consults where other members of the team can contribute their practice wisdom to the formulation of danger statements, and can bring their ideas to help workers who may be stuck about what they can do to help move the case on.

11.3 The Three Column approach:

The Signs of Safety framework includes the 3 column approach, being a planning and assessment tool which can be used for any element of family working and, at its simplest, can be understood as containing four elements for inquiry:

1. What are we worried about? (past harm, future danger and complicating factors)

2. What's working well? (existing strengths and safety)

3. What needs to happen? (future safety)

4. The 4th element is the scaling question which is the judgement from the 3 columns overall eg Where are we on a scale of 0 – 10 where 10 means is enough safety to close the case and 0 means it is certain the child will be harmed It can also be used in relation to any judgement as **part of** a visit eg an assessment as to the likelihood of continued drug use.

NB: Judgment on an assessment scale can be for anything as long as its clear and relating to building safety.

Signs of Safety Assessment and Planning Form

What are we Worried about?	What's Working Well?	What Needs to Happen?

On scale 0 to 10 where 10 means everyone knows the children are safe enough for the child protection authorities to close the case and zero means things are so bad for the children they can't live at home, where do we rate this situation? (If different judgements place people's number on the continuum).

0 ← → 10

NB: it is important to remember that the family must be involved at every stage of the process otherwise the principles of respect, honesty and partnership that are the heart of this approach are not being followed. So maps created with supervisors or by workers 'organising their thinking' must be shared with the family.

11.4 SOS : The Family Safety Plan

Overall the information can be condensed to a Family Safety Plan using the template below:

What are we Worried About? (Harm and Future Danger)	What's Working Well? (Strengths & Demonstrated Safety)	What Needs to Happen? (Safety goals and next steps in working toward safety
Past Harm (What has happened, that worries us, to these children or other children in the care of these parents?) **Future Danger** (What are we worried might happen to these children in the care of these parents in the future?) **Complicating Factors** (What makes building safety for the children and working with this family more complicated? **Safety Scale:** On a scale of 0 – 10, where everyone is confident the children are safe enough for child protection services to close the case and 0 means that there is not enough safety for the children to live at home, where do we rate the situation? Place different people's numbers on the continuum 0 ← → 10	**Strengths** (information relating to strengths and resources within the situation or family/ extended family that may be developed to achieve safety) **Safety** (Strengths demonstrated as protection (in relation to the danger) over time (definition of Safety developed by Julie Boffa (Boffa and Podesta 2004))	**Agency Goals** (What does the agency need to see the parents doing in their care of the children and over what time period to be confident there is enough safety to close the case?) **Family Goals** (What does the family think they need to be doing in the care of their children for the children to be safe or for Child Protection Services to be willing to close the case?) **Next Steps** (What are the agency and family's ideas about what needs to happen next in working towards these goals?)
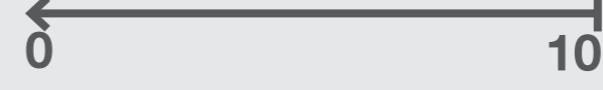
The most important part of Safety Planning is that the plan is co-created with the family and an informed Safety Network and is monitored and refined over time.

NB: Before safety planning all the mapping, danger statements, safety goals and words and pictures should have been completed

A safety plan is not appropriate unless the family understand why a worker is concerned and they are open about what has happened, even if it is a denied abuse case. Whilst the child is in the family home the family are responsible for the safety and wellbeing of the child, and the bottom line from the worker needs to be that the child must not be harmed again and there is evidence to convince "us" that this is the case.

"Blood is thicker than Social Services" Insoo Kim Berg

Unlike the other 'tools', safety planning does not have an associated format. Instead it offers guidance built on ideas that work in practice and have been tested over time. These ideas have been developed from pioneering work by Susie Essex, John Gumbleton and Colin Luger from Bristol and incorporated into the Signs of Safety 'toolbox' through the involvement of Andrew Turnell.

Key Guidance for developing Family Safety Plans

- Plans must be built from straight-forward statements about the harm and danger that is understandable by everyone including children. Once identified in this way the safety plan is then constructed to directly address these concerns

- Involve an informed friend and family network to be involved in the implementation and ongoing maintenance of the plan. When families 'own' the plan, they are more motivated to make it work.

- The plan should be developed with as much involvement of the children as possible and should be written in language that the youngest child in the family can understand

- The safety plan must describe specific behaviours that address the dangers to create a specific everyday plan with straightforward rules that demonstrates the child is safe and the alleged perpetrator is protected from further allegations

- The agency needs to be clear about what outcomes they want to see and the plan must be sufficiently robust to satisfy them

- A list of services that a family must attend is a Service plan, it is NOT a Safety plan

11.5 SOS and its use with children –

Words and pictures -

This must happen before building a safety plan which for example could be about reunification.

Making sense of past and present events is important in the development of both children and adults. "Words and Pictures" is a process where the parents, supported by professionals, creates a storyboard of simple words and pictures for the children, helping them understand events that are difficult for adults around them to talk about and provides a tool to help find the "right" words for children. The emphasis is upon parents being supported to use their own words, to explain to the child "How did things get to be the way they are" , as a result of which the chld can understand something of their birth parents' struggeles and difficulties, within a positive frame that focuses on change, hope and potential family strengths. The approach allows for explanations to be aimed at the child's pace and provides a foundation to build upon over the years by those around the child.

The process is of help to the adults too as it offers the ability to share a common understanding of the different views of events, previous positives, taking responsibility for the past painful episodes but now with a focus on future change and safety. Parents and other family members collaborate to develop and agree the storyboard's content. By enlisting adults in this way to reappraise events and difficulties using the focus to support the child, often enables families to gain a fresh

perspective, sometimes engender new ideas or ways of seeing things where previously much had seemed static and immovable.

From the professionals' point of view it is essential that there has been reflection and clarity about what is to be achieved through the exercise ie

1. What are the concerns?

2. Who needs to know about them?

3. What do they need to know?

4. Why do they need to know it? (who wants them to know and what is the purpose of their knowing?)

5. What do people know (or think they know) already?

The Words and Pictures never opens with a traumatic event or big difficulty. Concerns will be introduced, fames within a neutral or positive beginning and a positive message at the end. The difficult episodes are interspersed with positive events in the child's life that fit and add balance to the overall story. The starting point must be in relation to events that occurred from the child's point of view ie which the child may have seen or heard about. Eg when they were little, all

the family were together and all the pictures have the family members with smiley faces.

For the child the principal messages will be:

What have people been worried about?

Events : Things that went right as well as those that went wrong

Who is helping things to get better?

It's ok to tell people about your worries

People are working hard to keep you safe in future.

The child remains in control of how much they want to read or hear using simple ideas like a traffic light system. There are many techniques to develop an effective storyboard – add link.

Three Houses And The Wizard & Fairy Tools

The importance of involving children in their assessments and plans, and ensuring they have a voice, cannot be overstated. The Three Houses and the Wizard and Fairy tools give a way of eliciting the child's view on 3 key areas:-

1. What are you worried about?

2. What's working well?

3. What needs to happen?

The Three Houses

The Three Houses Tool was first created by Nicki Weld and Maggie Greening from New Zealand. The method takes the three key assessment questions of the Signs of Safety framework: What are we worried about, What's working well and What Needs to happen, and locates them in three houses to make the issues more child friendly.

House of **Dreams**

House of **Good Things**

House of **Worries**

"Now that I've been using it, I can't think of any more effective way of getting a conversation going quickly and to get those bits of information from a child in a short space of time." (Laura Brennan, Gateshead, in an interview with

Andrew Turnell Sept 2010)

In short, this is a useful tool that has been proven over time in a variety of settings around the world and can be used with children of almost any age. The decision however when to use it and with which children is down to the professional judgment of the caseworker.

How To Use The Three Houses

a. Wherever possible, inform the parents or carers of the need to interview the children. Explain the three houses process to them and obtain permission to interview the children.

b. Make a decision whether to work with the child with/without parents or carers present

c. Explain the three houses to the child using one sheet of paper per house

d. Use words and drawings as appropriate and anything else useful to engage the child in the process

e. Often start with the 'House of Good Things' particularly where child is anxious or uncertain

f. Once finished, obtain permission of the child to show to others – parents, extended family and professionals. Address safety issues for child in presenting to others.

g. Present the finished three houses assessment to the parents/ caregivers, usually beginning with 'House of Good Things'.

The Wizard / Fairy Tool

Vania Da Paz, a child protection worker from Rockingham, Western Australia, developed a very similar tool that serves the same purpose as the three houses tool but with different graphic representation. Rather than three houses, Vania explores the same three questions using the drawing of a fairy with a magic wand or a wizard figure.

YOUR WISHES
How things would look if your worries were gone

YOUR WISHES
How things would look if your worries were gone

Things that are going well

Things that help you 'escape' your worries

WORRIES
Things that need to change

WORRIES
Things that need to change

Things that help you 'escape' your worries

Things that are going well
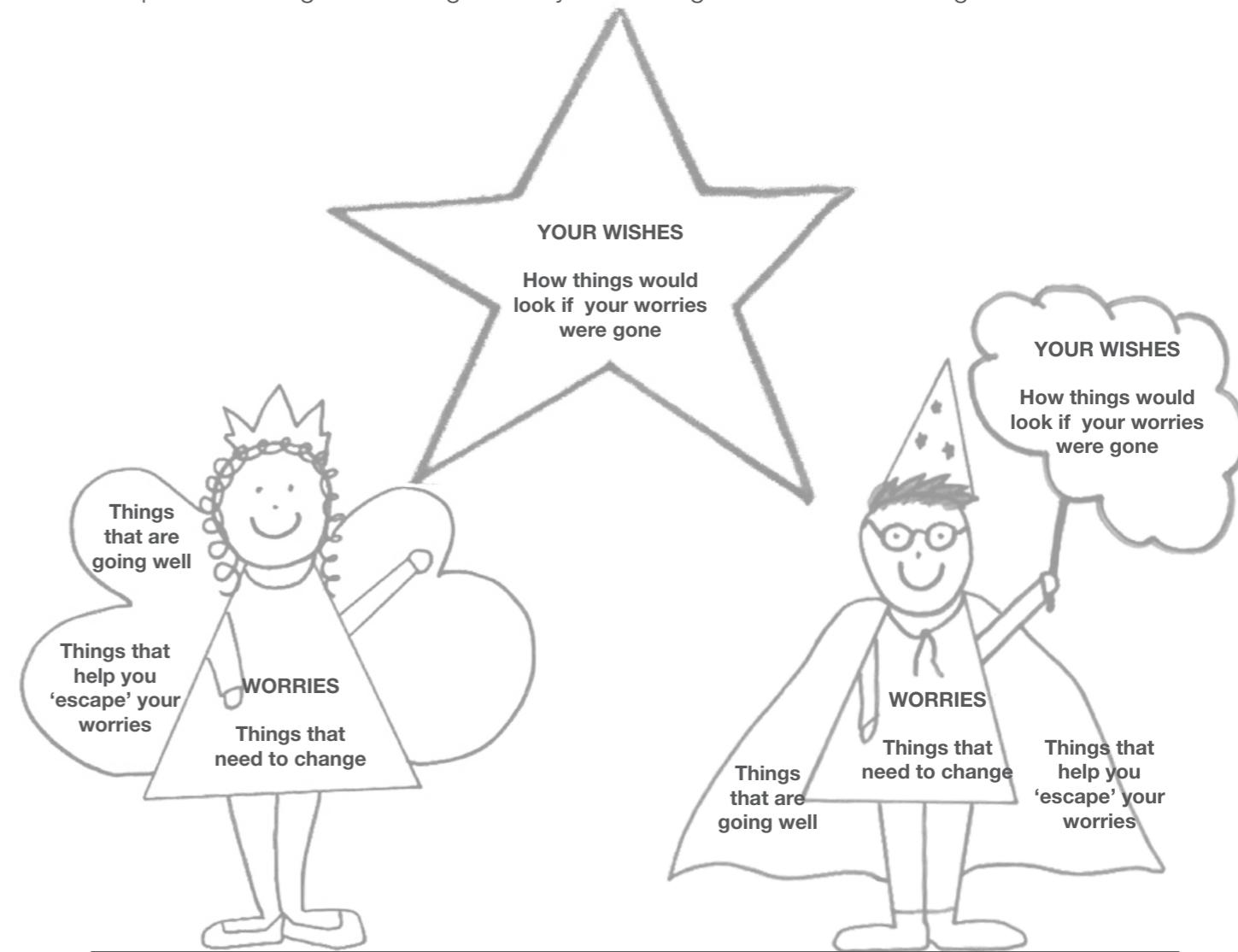
When working with a family also listen for "change talk"

I could try...

Or non- change talk:

That would not work…Yes, but it is not….

i **Sometimes insufficient time is spent identifying the "real goal" and the temptation is to move to the next step of identifying "the reality". This can create a sense of rushing, which must be avoided.**

11.6 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 keyworker, with the help of other relevant professionals, needs to re-evaluate the engagement strategy otherwise the impact can be :

- everyone withdraws leaving the child at risk of on-going 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.

> **i** It is paramount that practitioners adhere to policies and procedures to address their own personal safety when working to effectively engage a family e.g. lone working policy. North Yorkshire Safeguarding Children Board procedures must also be adhered to if at any time concerns are raised over serious harm to children/young people or if a crime is being committed.

Overcoming resistance and securing engagement in direct work with families

11.7 Relationship based practice

Fauth et al (2010) confirm that empathy and established relationship skills (although necessary) are not enough when working with resistant families. These essential skills need to be balanced with an "eyes-wide-open", boundaried and authoritative approach that contains anxiety and ensures the child's needs remain central.

Mason (2012) considers the "art" of relationship based social work in the context of recent developments, in particular the Munro Review of Child Protection (2011). She provides an overview of some work in this area, which points to practitioners often taking a confrontational approach (Forrester et al 2008) and an absence of the partnership working envisaged in the Children Act 1989 (Mason et al 2008)

In a small scale study Mason gathered the views of parents involved in an Intensive Family Support Service (IFSS) as to what they particularly valued about their keyworker. The study confirms the importance of 4 key

features of relationship based practice and highlights in particular the importance of practitioners having manageable caseloads and time to engage with families :

1. Communicating respectfully, trust, honesty and feeling safe Open and honest relationships result in greater protection for children, as trust engenders greater information sharing. This highlights that the way in which work is undertaken is as important as what is actually done.

2. Sharing goals
   Outcomes are more likely to be achieved where a constructive relationship exists, with parents sharing goals and objectives. One mother said "We made three steps – she was very clear about goals. And they have all happened. They were all things I wanted too."

3. Understanding parents' own needs and providing practical assistance Dominelli (2002) suggests that focusing only on the children can exclude parents and adversely affect engagement.

4. Being reliable and available
   Many features that service users most valued were made possible by flexible working practices. One mother said "She came round with Calpol at 10pm at night", reflecting the team's flexibility. Although resource intensive, an approach built around the family's needs rather than service boundaries or limitations facilitates relationship building.

11.8 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 of 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. 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 circumstance 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 the 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 on-going concerns or progress made with the family and avoid being overly optimistic over changes that have yet to be sustained. 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. Professionals 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 is it like 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;

11.9 Keyworker 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.

 "Rather than becoming engaged in debate or negotiation, the practitioner takes the statements or signs of resistance as an indicator to change their approach. This may involve focusing the discussion on different aspects of the behaviour or reframing the service user's resistance. The practitioner may simply reflect back the resistance, or use double-sided reflection to highlight other areas of concern" Watson 2011

Practitioners must also consider what impact the family's lack of engagement is having on undertaking the observation and delivery of the family plan support and interventions, plus 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 know 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 a Signs of Safety risk assessment

- Convene a local multi-agency meeting and undertake a risk assessment based on the shared information across the agencies and professionals involved. The keyworker and partners must ensure that information is shared fully, (this is supported by the Pan North Yorkshire and DSF information sharing protocols) as well as all multi-agency protocols to protect vulnerable adults and children are adhered to. It is vital that appropriate information across all services ensures a clear picture of the family's needs is known, understood and an informed decision of what needs to happen next agreed.

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

12. Working with Fathers

The need to improve engagement of fathers is highlighted in a variety of research studies, including all the SCR overview reports by Brandon et al. – See Annex 1

Maxwell et al (2012) undertook a review of the work in this area in order to understand the barriers to and facilitators of better father engagement in child welfare services and the evidence of the effectiveness of work with maltreating fathers. The review identified a number of issues:

- **"Good" father / "bad" father**

    Practitioners have a tendency to develop fixed views about fathers, labelling them as either "all good" or "all bad" and then paying limited attention to the views of "bad" fathers. These identities are sometimes constructed from information supplied exclusively by other family members, with no direct contact with the father, and can be compounded by team members' tendency to reinforce each other's views. These findings (from both the UK and US research) demonstrate the dangers of labelling fathers and then trying to balance "fathers' ability to change alongside past patterns of behaviour, which can lead practitioners to veer between negative and possibly overly optimistic perspectives.

- **Mothers as gatekeepers**

    Mothers often refuse to share information about fathers. This may relate to a fear of losing their children, an abusive relationship or a desire to protect their "territory".

- **Traditional practice regarding gender and parenting**

    Baynes and Holland (2012) found over a third of fathers in 40 child protection cases had no contact with a social/keyworker prior to the first child protection meeting; another audit of domestically violent men found the father was neither seen or telephoned in 32% of the core assessments audited (Ashley et al 2011)

- **Fathers as reluctant clients**

    Fathers fear being told how to parent, and believe that environments in which this work takes place are spaces for mothers rather than parents and/or fathers . There is a risk of this being misconstrued as resistance.

- **Proactive early involvement**

    A proactive approach to identifying and involving fathers early on and making services relevant to them, facilitates their engagement. Promising approaches include perseverance, and increasing availability via flexible service hours (outside of 9-5 Monday to Friday). Activities that have successfully engaged fathers include assistance in gaining employment, and mental health and substance abuse support (Weinman et al, 2002). Ghate et al (2000) found that outdoor or skills-based activities also improved engagement.

13. Other considerations

13.1 Utilising attachment theory: the VIPP programme

There is a strong correlation between disorganised childhood attachment and unresolved trauma and low mentalisation (i.e. recognising what is going on in one's own head and what may be happening in other people's). These in turn are linked to disconnected and highly insensitive parenting. For example, Out et all (2009) found parents' attempts to protect themselves from further trauma rendered them unable to comfort their child. Low mentalisation limits in the ability to understand that others have different thoughts/feelings than oneself, and parents with low mentalisation and low reflective function have difficulty understanding (or may completely misunderstand) their child's needs. This may expose the child to harm because the parent does not understand the impact of their neglect.

14. Conclusion

Engaging challenging and/or resistant families is a complex task. This reflects the complexity of the family structures and relationships involved. Consequently there is no simply formula that will provide easy and quick solutions. Working with such families in order to keep children safe requires resilient and supported workers who are able to assist families in achieving long-term solutions. This necessitates practitioners having the time and space to reflect on their practice in order to gain a more comprehensive understanding of what life is like for the child or children in the families they are working with.

Structured approaches to assessment and intervention support robust analysis of families' needs, of parents' capacity to change and intervention to support such change. They enhance workers' ability and professional capacity to engage with families in an authoritative yet boundaried manner that enables the development of a mutually respectful relationship, alongside the ability to resist becoming desensitised to behaviours or slipping into "stop, start" syndrome.

Management support and oversight in the form of effective supervision that challenges constructively and develops curious practitioners is vital to providing challenge when working with resistant and complex families. This needs to be underpinned by transparent audit processes that demonstrate a learning culture.

Annex 1: Brandon et al SCR references

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