

# Think Family systems

## Implementing Think Family systems

**These notes suggest systems reforms which local authorities may find helpful when planning how to implement *Think Family*.**

1. *Think Family* means reforming systems and services provided for vulnerable children, young people and adults to secure *better outcomes* for children, by *co-ordinating* the support they receive from childrens', adults' and families' services so that they can:
  - identify families at risk of poor outcomes to provide support at the earliest opportunity;
  - meet the full range of needs within each family they are supporting or working with;
  - develop services which can respond effectively to the most challenging families; and
  - strengthen the ability of family members to provide care and support to each other.
2. Achieving this can require significant changes in culture and practice. It also needs support at a strategic level and the involvement of a wide range of universal and targeted services working with adults, young people, children and families, and working across all sectors, including local authorities, health, criminal justice and youth services, voluntary organisations, schools and community bodies that might come into contact with individuals in families at risk.
3. *Think Family* reforms should form an integral part of local strategies to improve children's well-being and in particular Children and Young People's Plans (CYPPs) and other local strategic plans.

## Assessing needs – Who are 'families at risk'?

4. 'Families at risk' is a shorthand term for families whose members experience, or are at risk of, multiple and complex problems such as worklessness, poor mental health or substance misuse, which frequently lead to very poor outcomes for children, young people and adults within these families. The term became widely used following the Families at Risk Review undertaken by the Cabinet Office's Social Exclusion Taskforce<sup>1</sup>. Policy on families at risk is now led by the Department for Children, Schools and Families (DCSF).

1 [www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force/families\\_at\\_risk.aspx](http://www.cabinetoffice.gov.uk/social_exclusion_task_force/families_at_risk.aspx)

5. The review found that families at risk, because of the multiple difficulties they face, have a significant likelihood of facing a crisis situation without preventative support. Problems experienced by family members, could include combinations of the following factors:
  - Poverty, debt, inactivity or worklessness and low aspirations
  - Low parental education and skills
  - Domestic violence
  - Relationship conflict
  - Child neglect and poor parenting and family functioning
  - Poor mental health
  - Poor physical health and disabilities
  - Teenage pregnancy
  - Learning disability
  - Poor school attendance and attainment
  - Involvement in crime, anti-social behaviour, substance misuse
  - Poor housing and homelessness
6. Whilst families experiencing these problems are often in contact with a wide range of services, the support provided is often only effectively co-ordinated and persistent when a crisis occurs. This is despite the fact that universal services such as schools, GPs and health visitors have often identified the children and young people from these families as highly vulnerable to poor outcomes.
7. Early action to prevent and tackle problems for children and young people is critical to stop these leading to poor outcomes in life. This means a co-ordinated approach across services to identify and intervene early with families with the greatest risk of poor outcomes. An agreed list of warning signs which could lead to an assessment for support (such as a permanent exclusion from school, repeated truancy or involvement in anti-social behaviour, knife crime, violence, and/or gangs) can be used to identify a family as a priority for assessment for the provision of targeted parenting and family support.
8. Decisions about the types of families to target by *Think Family* services should also be informed by local needs analysis and priorities which should, in turn, be reflected in local strategic plans, such as local parenting strategies, CYPPs or Youth Offending Team

(YOT) Prevention Strategies or plans to tackle and prevent child poverty and anti-social behaviour.

### Involving adults' services in supporting families

9. *Think Family* systems depend on children's services developing arrangements with local adults' services so that the impact of any problems that mothers, fathers and other key carers face on the children they care for are considered. Adults' services also have a crucial role to play in minimising the risk of parental problems such as domestic violence, learning disability, substance misuse or worklessness affecting children's outcomes.
10. Government departments are committed to supporting improved local arrangements for identification and support of families by adults' services and a series of service protocols and frameworks setting out how key adults' services can work effectively with children's and family services will be published over the next few months.

#### Example: Supporting children of offenders

A joint Ministry of Justice (MOJ) and DCSF review of the children of adult offenders in 2001 found that these children are a vulnerable group that is largely invisible to services. A report by Baroness Corston published in March 2007 also found that only 5 per cent of women prisoners' children remain in their own home once their mother has been sentenced. Following this:

- the MOJ has committed £15.6 million of new funding over two years to help divert vulnerable women, who are not serious or dangerous offenders, from custody;
- a cross-government Framework for co-ordinated, multi-agency support from offender management services, including prisons, and children's and family services is being developed;
- The National Offender Management Service and DCSF are jointly funding the Families Do Matter project to test and refine a model for developing better links between agencies of the criminal justice system and services in the community to identify and assess children of offenders with additional needs; and
- the DCSF is working with the MOJ to link up Family Intervention Projects and other provision for families at risk with One Stop Shop services for vulnerable women.

### Developing *Think Family* systems

11. *Think Family* is increasingly being seen as an integral part of local strategies to improve children's well-being – children usually live in families and the needs of their mothers, fathers, other key carers and siblings affect the well-being of each child. Implementing *Think Family* depends upon the ability of local services, and the practitioners working in

those services to ‘assess’ and then ‘decide’ on the most appropriate set of interventions to support and achieve better outcomes for each child’s needs whilst at the same time helping the child’s parents and other adult family members.

12. Diagram 1 illustrates these changes: known as the ‘ECM Onion’ this can also be used to reflect the changes that need to be made as part of *Think Family*.

### Diagram 1: Delivering Think Family



Families at the centre	Families are involved in the design of their support wherever possible and empowered through devolved budgets and family-led decision-making.
Integrated frontline delivery	Empowered and assertive practitioners provide tailored and joined-up support around the whole family. They identify needs early and proactively engage families.
Integrated processes	Shared assessments and information across agencies give a full picture of a family’s needs and help ensure support is fully co-ordinated.
Integrated strategy	Joined-up planning and commissioning drive a focus on families at risk across all agencies.
Inter-agency governance	Accountability for family outcomes is clear, with strong leadership at the top and protocols set out agreed responsibilities between agencies.

13. Actions for planners and commissioners in establishing Think Family practice have been identified for each of these principles:

**Families at the centre:** *Families are involved in the design of their support wherever possible and empowered through devolved budgets and family-led decision-making. (Note: Fathers, whether living with their children full-time or not, and other adults who are influential in the life of the child, should be included in the concept of ‘family’.)*

Outcomes for families are strongest when families have ‘bought into’ and are able to participate in the design of services and systems aimed at supporting them. This can be achieved by:

- lead workers establishing a strong relationship with families being supported, and demonstrating that they are not going to give up on them;

- actively seeking the views of mothers, fathers, other key carers, including those experiencing severe problems, as well as children and young people, in developing services and service strategies, and including mothers and fathers on consultative boards and committees;
- using family-led decision making techniques to provide families with opportunities to make decisions about their own support (possibly including the use of budgets where appropriate). An example of this approach is the Family Group Conference, which brings families together and supports them in negotiating solutions and making the best possible plans for their children; and
- when it works and families commit to programmes like the Family Intervention Projects, parents say they have a positive experience:

### Case study: A parent's experience

*"Kerry, my key worker, is fantastic. She's helped me to believe that we can do it, to make the changes we need to make, and she's helped other people like teachers and health visitors and social workers to believe we can do it too. She seems to know all the other agencies in the area and is very good at making sure that they do what they say they are going to do. I can understand why they'd given up on us in a way – we were a mess. She's pretty tough with us too and makes sure that if we say we're going to get the kids into school on time we do so. I've known her roll her sleeves up and help with practical stuff in the house too. She's the kind of person I could talk to about anything. Over the last year we've built up a very good relationship."* Case Study provided by Parenting Commissioner

**Integrated frontline delivery:** Empowered and assertive practitioners provide tailored and joined up support around the whole family.

Think Family culture and practices can be championed by agencies working with individual members or whole families at risk of poor outcomes. This can be achieved by:

- establishing training pathways that develop the ability of practitioners to engage with vulnerable families with complex needs so that:
  - lead professionals or key workers (a family worker who takes on a lead professional role for the whole family) can engage families and oversee support packages;
  - staff providing universal and targeted services can identify and assess risks of harm to children and needs and make referrals;

- staff and lead professionals are confident and skilled in engaging with both male and female family members; and
- staff attend joint training in order to build professional networks and understand the roles of others and how co-working might be better implemented.

### **Case study: Bristol – Integrated Offender Management Board**

The Integrated Offender Management Board brings together various agencies and services, including probation, police, housing and mental health services. This multi-agency approach is designed to ensure there is a coherent package of support and services available to 150–200 known offenders to help prevent re-offending. Offenders who sign up to this scheme will be able to access targeted parenting support through the Family Intervention Projects (FIPs) – including the new Child Poverty FIP and Youth Crime FIP. Families of offenders are a high risk group and the FIP model provides an innovative way to address their needs and to offer co-ordinated and intensive support.

- identifying key referral routes for families at risk of poor outcomes including specialist services such as drug or alcohol treatment, health services or parenting or Family Support Services such as FIPs, Multi-Systemic Therapy or Family Nurse Partnerships.

### **Case study: Westminster – integrated support based on need**

By the end of 2010/11 Westminster aim to have the capacity to work with every family at risk of poor outcomes (estimated to be as many as 600) across the Borough.

Families most in need will be supported by the Family Assessment and Intervention Team (FAIT). This team currently includes 17 staff building on the Core Children's Social Care Team (including social workers, a health visitor, housing officer, intensive outreach workers, domestic violence, benefits, drug, alcohol and education case workers, information analysts' and a Police Inspector).

Families are assigned to a lead worker who co-ordinates a whole family service package or makes referrals. A particular emphasis is placed on finding effective interventions to use with families who refuse to engage with services.

These include assertive outreach and 'contracts with consequences' such as parenting contracts. Lower need families are offered less intensive support from one of two multi-agency teams: the Targeted Youth Support Service (11–18 years) and the Children's Early Intervention Service (CEIS) (under 11s). All teams provide support to family members until their needs can be met through mainstream provision.

**Integrated processes:** *Shared assessments and information across agencies give a full picture of a family's needs and help ensure support is fully co-ordinated.*

In a system that *Thinks Family* contact with any service should offer an open door into a broader system of support. Practitioners from agencies that deal with both adults and children should:

- consider the wider family context and how they affect the individual they are working with;
- be aware of how to access other relevant services to support individuals and families in their local area such as benefit advice workers to ensure a family is claiming all the financial support to which it is entitled and receives debt advice where appropriate;
- share relevant information, with the child's or parent's consent<sup>2</sup>, to build a picture of the needs of individuals within a family and how they interrelate;
- offer appropriate services to support the identified needs of family members and ensure that all services are working towards the same outcomes; and
- focus on joint working to meet the needs of family members, and not lose sight of the family by 'referring into' another service.

Key integrated processes include:

### *Identifying the needs of family members*

- Agree priority risk factors across local universal, targeted and specialist (including statutory and third sector) services (for example, a mother or father being sent to prison, problematic parental drug or alcohol addiction, domestic violence, parent diagnosed with long-term health problem or parent with a severely disabled child and other caring responsibilities. For the child: school exclusion, being convicted or at risk of any crime). These should build on existing arrangements for identifying children and young people at risk of poor outcomes, including through the Targeted Youth Support reforms and YOT prevention strategies.
- Ensure adults' services (for example adult mental health, substance misuse treatment services, police, prisons, probation, voluntary sector agencies, etc) are equally aware of the family context in assessing both male and female client needs, consistently ask questions to identify if clients are parents and to identify any likelihood of their children suffering harm.

2 All information sharing must be lawful, have a clear and legitimate purpose, and comply with data protection legislation. It is possible to share information without consent where there is an overriding public interest. For further details see HM Government *Information Sharing: Guidance for practitioners and managers*.

- For example, the families of drug users may encounter harm as a result of their family member's drug use, but they can also be instrumental in helping a drug user to attain the stability to enter treatment and to re-establish control over their life. Where a person with drug use problems is also a parent, it is usually the grandparents and extended family members who become responsible for the care of any children. Despite the central role of the family, their needs can be overlooked. Where an individual comes into contact with treatment services or the criminal justice system as a result of their drug use, the needs of the extended family should be routinely considered, assessed and addressed, and this should, as a matter of course, extend beyond the needs of the children of the drug user to encompass the needs of those who are caring for the children and, in many cases, for the drug user.

### Sharing information

- Establish arrangements for identifying risk and sharing this information with other services so that they are able to seek support for other family members and can identify children and parents who may need assistance, for example the police or courts can identify families in need of help as a consequence of a parent going to prison. Whilst many services have good protocols for sharing information in situations where children might be at risk of harm, there is much less consistency of practice if children fall below these thresholds, yet are at risk of poor outcomes.
- Share relevant information between all services, statutory and voluntary, so that the full picture of family needs can be identified, for example through multi-agency panels or meetings. This will allow interventions for individuals to be planned in the context of a package of support for the whole family. For example, a YOT worker's efforts to prevent a young person offending are more likely to be effective if the substance dependency of the young person's parents is addressed. Schools in particular have a crucial role as a key universal service to be part of these assessments and to support whatever programme is identified through their Parent Support Advisers, safeguarding leads and other pastoral staff.
- Ensure practitioners understand the circumstances when sharing information is appropriate. Practitioners recognise the importance of information sharing and there is already much good practice. However, in some situations they feel constrained from sharing information by uncertainty about the circumstances in which they can do so lawfully. It takes time and energy to build the necessary trust and confidence between agencies and individuals to ensure that they both understand the exact nature of their legal requirements to share information and to know that information will be handled sensitively and appropriately. In October 2008 the Government published *Information Sharing: Guidance for practitioners and managers* to support practitioners across all areas by giving them clearer guidance on when and how they can share information legally and professionally about an individual. This sets out the legal framework for practitioners who have to make decisions on sharing information on a case-by-case basis, whether they are working with children, young people, adults or families. This guidance is also for managers and advisers who support these practitioners and



describes how organisations can help practitioners to embed good practice in information sharing<sup>3</sup>. The guidance and supporting materials are available at: [www.dcsf.gov.uk/everychildmattersresources-and-practice/IG00340/](http://www.dcsf.gov.uk/everychildmattersresources-and-practice/IG00340/)

### Assessing the needs of family members

- Agree risk factors, such as those listed earlier under paragraph 5 which should lead to a family-based assessment.
- Identify all services already working with the family, by checking ContactPoint. This will provide practitioners with a quick and easy way to find out who else is working with a child or young person, making it easier to work as a team and deliver co-ordinated support.
- Use the Children's Common Assessment Framework (CAF) in a family focused way ensuring that concerns about other members of the family that impact on the child are recorded. The 'e-CAF' will allow practitioners in children's services to electronically create, store and share a CAF securely.
- Ensure adults' services have procedures in place to identify and assess family need, where a basic assessment of family risk is required and that practitioners are able to carry this out or refer to someone who can.
- Ensure that the children's workforce is trained and supported to identify and screen for parental risk factors such as substance misuse, mental health or domestic violence and refer to appropriate adults' services.
- Many practitioners in different agencies use established methods of assessment to identify the needs of children and their families. Those working with children in need will use the statutory guidance, the *Framework for Assessment for Children in Need and their Families*, issued under section 7 of the Local Authority Social Services Act 1970. This requires that a child's developmental needs and their parent's capacity to meet these needs within their family and environmental context are assessed. It is important that an assessment brings together information about all the members of a family to ensure that the action plan identifies the interrelationship between problems and meets the needs of the each of the family members with a focus on improving outcomes for each child.
- The CAF formalises what we know to be key to effective casework. Using the CAF to identify the additional needs of children, individual workers need to work together and share the information they have to form a robust and realistic plan to better support families earlier. Prioritising this work requires strong leadership and vision. Everyone involved needs to understand that undertaking a CAF is not an end in itself, but a key tool to underpin the shared assessment of children's additional needs.

3 *Information Sharing: Guidance for practitioners and managers* was developed in partnership with the DCSF and the Department for Communities and Local Government (CLG) and in consultation with a wide range of practitioner, national organisations and representative bodies. It has been formally endorsed by 30 organisations across all sectors.

- When children who are at risk of suffering harm are identified the professionals involved, whether in children's or adults' services should make a referral to children's social care services. They should always follow the local safeguarding procedures (which will be in accordance with the statutory guidance *Working Together to Safeguard Children*, 2006).

### Case study: Blackpool – developing a 'Team around the Family' service model

In Blackpool service providers wanted to get rid of the 'refer on' mentality and focus on joint working. The different services working with families agreed to hold family action planning meetings and use the CAF for children and an additional family assessment to assess the needs of the whole family. Information about all of the family members, encompassing issues such as employment history, financial issues, housing and health (physical and mental) is captured. All of the assessment information is then brought together at the family action planning meeting and a family action plan is drawn up.

- The Family Pathfinders are looking at ways to assess the whole family when working with families with complex needs. Some of the pathfinders have developed new 'whole family' assessment tools which ensure that all individuals are assessed separately and that the family context is also taken into account. The Family Pathfinders are being evaluated to provide information on how effective their assessment processes have been.
- Local authority-led demonstrator sites are also looking for ways to improve the systems for sharing assessment and care and support planning information between adults' services and those for children, young people in transition and their family carers. [www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/CommonAssessmentFrameworkforAdults/index.htm](http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/CommonAssessmentFrameworkforAdults/index.htm)

### *Safeguarding and promoting the welfare of children*

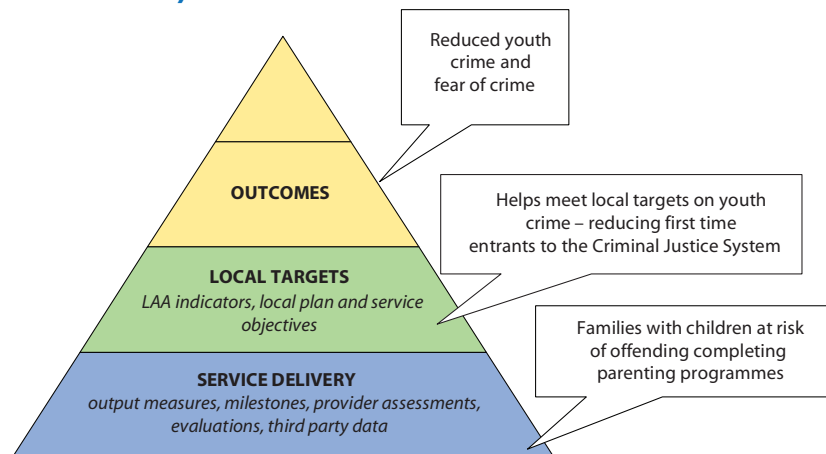
- More effective and better co-ordinated interventions by adults', young people's and children's services will usually help parents and families secure better outcomes for their children. But focusing on the full range of needs within a family should not detract from the over-riding duty to safeguard and promote the welfare of the children. Targeted *Think Family* services can lead to much more regular contact with the families involved so that children who are suffering, or are likely to suffer, harm can be identified and safeguarded earlier than might have otherwise occurred. Where there are concerns about the welfare of a child or children the processes set out in the local safeguarding guidance should be followed. See also *Guidance Note 8: Safeguarding and promoting the welfare of children* in this Toolkit.

**Integrated strategy:** *Joined up planning and commissioning to drive a focus on families across all agencies.*

*Think Family* approaches can be an important mechanism for delivering a wide range of local plans and targets for vulnerable adults as well as children and young people. Assessing and meeting all family members' needs (rather than working with one family member, usually the mother or an individual child) minimises duplication by frontline services and achieves better outcomes for vulnerable children and their parents. Children's Trusts are best placed to agree and set out in plans (such as the CYPP and the Parenting Strategy) how all local services including adults' services will support families at risk of poor outcomes. Local management and partnership boards and their constituent members such as the Crime and Disorder Reduction Partnership (CDRP) and YOT Management Board have an important role to play in agreeing these arrangements. Actions which can help drive a focus on families across all agencies include:

- Securing the agreement of adults' and children's services to use *Think Family* approaches and practices to deliver national and local targets. These can be existing targets to meet the needs of vulnerable children or adults as set out in Local Area Agreements, CYPPs and Parenting Strategies.
- Monitor reductions in the service demands made on services by families in receipt of *Think Family* services and agree how reduced costs or service capacity should be reallocated to better support other families with complex problems.

## Diagram 2: Linking *Think Family* provision and outcomes (example: reducing youth crime)



- Ensuring that universal services like Sure Start Children’s Centres, Family Information Services and schools act as a gateway to more intensive help such as financial support, employment and training and that relevant agencies such as Job Centre Plus, Health and other relevant partners are involved in planning and commissioning services for families including fathers and other key carers as well as mothers.
- Using evidence to inform commissioning strategies for services provided to children with additional needs and adults in families at risk of poor outcomes by:
  - seeking out and responding to the needs and preferences of families when designing or reviewing strategies and policies;
  - gathering evidence on family risk factors for Joint Strategic Needs Assessments (JSNAs);
  - ensuring that a clear outcomes framework for children, adults and families is in place which sets out responsibilities for each agency; and
  - identifying how improved outcomes for children, adults and families will deliver short-, medium- and long-term economies.
- Considering local innovation and service developments which could help drive forward reforms locally. For example: jointly commissioned adults’ and children’s services for families, pooled funding for family support services; assessment and information sharing protocols; and cross-service guarantees for families seeking help and effective services from third sector organisations.

### Case study: Gateshead – strategic commissioning

Accountability for the delivery of *Think Family* is located within an Improve Well-being Board (the strategic commissioning group for children's services, usually chaired by the Director of Children's Services) which reports into the Children's Trust board. The board is responsible for joint planning, performance management, joint commissioning and integrated workforce development. They are reviewing board membership to ensure all Section 10 partners including police and probation are represented.

### Involving the third sector

- The third sector encompasses voluntary and community groups, social enterprises, charities, faith groups, co-operatives and mutual societies. The third sector is often able to offer flexibility, responsiveness and insight into the needs of families during times of need and crisis and provides services which are both economic and effective. An integrated *Think Family* strategy should reflect a 'joined' up and productive relationship between the third sector and the local commissioners clearly identifying what support can be provided through these routes.

### Good commissioning

Good commissioning practice encourages sustainable frontline services. The commissioning cycle for all strategic partners encompasses:

- a strategic needs assessment – engaging with children, young people and families, to better understand their needs, and taking a sophisticated approach to using and interpreting data;
- planning and service design – identifying what services are needed to address each child's needs holistically and to prevent problems arising in the first place;
- deciding how to deliver those services – identifying which organisations are best placed to deliver, contract, broker partnerships, or put service level agreements in place; and then
- reviewing and challenging – assessing effectiveness and monitoring the impact on children's lives and prospects.

**Inter-agency governance:** *Accountability for family outcomes is clear with strong leadership at the top and protocols set out agreed responsibilities between agencies.*

Identifying a *Think Family* champion to lead and account for progress across local services and partnerships is an important first step to securing both adults' and children's services sign up to *Think Family* practice. Service traditions which do not

routinely identify the impact of children's needs on parents and parents on children may need to be identified and challenged.

- agreeing the strategic leadership arrangements for *Think Family*, for example through the Children's Trust Board and Local Strategic Partnership and consider whether a family and parenting support sub-group should feed into this;
- agreeing outcomes for families delivered by family and parenting support and wider services and how these outcomes contribute to local priorities agreed in the Local Area Agreement process;
- identifying a core set of *Think Family* partners with an interest in the delivery of services to families at risk, for example children's services; Targeted Youth Support and wider youth services; adult social care; housing services; primary care trust and provider services for child and adult health (including mental health); the Drug and Alcohol Action Team and substance misuse treatment services for adults and young people; benefit teams/debt advice services; Sure Start Children's Centres; Jobcentre Plus; Learning and Skills Council; schools; the police; anti-social behaviour teams; the third sector; Prison Service; Probation Service; Youth Offending Teams; and the Youth Service and Maternity Services. This list is not intended to be exhaustive. Depending on local needs, other partners such as leisure or advice services for example can also play important roles.

### Case study: Brighton – Inter-agency governance

A strong model of inter-agency governance has been developed for the delivery of *Think Family*. This includes links with the Primary Care Trust (PCT). The Chief Executive of Brighton & Hove City Council, the Chief Executive of the Brighton & Hove (Teaching) PCT, the Director of Children's Services, the Lead Councillor for Children's Services, the Chair of the Children and Young People's Trust Board and the Chair of the PCT will jointly have responsibility for leading the *Think Family* approach and overseeing a *Think Family* steering group and project team.



