4LSCB and 4LSAB Family Approach

True or False

1. The Family Approach Protocol only applies to Adults' Health and Care and Childrens Services.

2. All professionals need to focus ONLY on the individuals to whom they have a responsibility to offer support.

3. The Family Approach Protocol uses a strength based approach.

4. Family Approach is one that secures better outcomes just for children.

5. Restorative Practice is about building and maintaining relationships.

6. The toolkit is web-based

7. The Family Approach Protocol and toolkit do not replace the Joint Working Protocol (JWP).

8. The Family Approach Protocol is only for Safeguarding Boards.

Introduction

- Commissioned by the 4 Safeguarding Children Boards (4LSCBs) and 4 Safeguarding Adult Boards (4LSABs) in Hampshire, Isle of Wight, Portsmouth and Southampton.

- Commissioned in response to findings from a range of reviews across all Board's.

- It highlights the need for professionals to work effectively together to achieve better outcomes for adults, children and their families.

Local context

- LSCB – Unidentified adults, neglect, Child Z, Child D and N, Child U, Child K, all SCRs!
- LSAB – Mr A, Ms B and Mr C as well as current national learning
- DHRs
- Strength based approach / Hampshire Approach / Making Safeguarding Personal

Family Approach Protocol

- Online protocol, and its supporting online toolkit

- Replace what was previously produced in the Joint Working Protocol (JWP).

- JWP summary and flow chart still accessible

Who does this protocol apply to?

This Protocol applies to any partner organisation working with children, adults with care and support needs and their families in and across Pan-Hampshire. This extends to unborn babies and their parents.

Myth busting activity

Use the cards on your table to work together to understand terminology and ways of working used by different agencies in both the children and adults sectors.

Family Approach

- A Family Approach secures better outcomes for children (including unborn babies), adults with care and support needs, children and their families.

- It co-ordinating the support they receive from Adult and Children and Family Services.

- Support should be focused on problems affecting the family this is the most effective way of working with families experiencing the most significant problems.
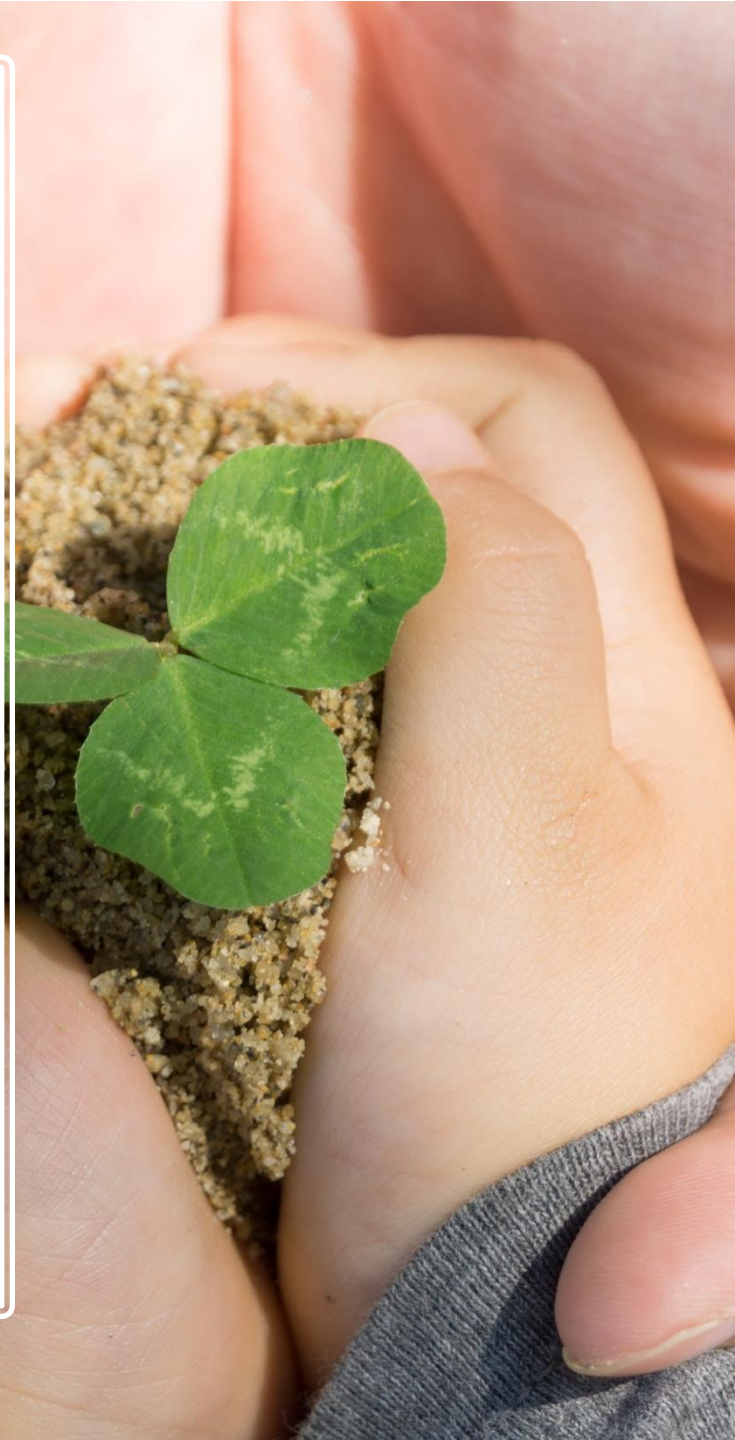
Family Approach

- There is increased awareness of the impact that the problems and difficulties experienced by adult family members can have on children.

- There is national recognition that emotional abuse and in particular neglect of children is significantly under-recognised and addressed.

- Parents, carers or expectant parents may have difficulties which impact on their ability to meet the needs of their children or expected child and / or adults at risk. These children may be in need of assessment for services provided by a range of agencies from universal and early intervention to acute or specialist.
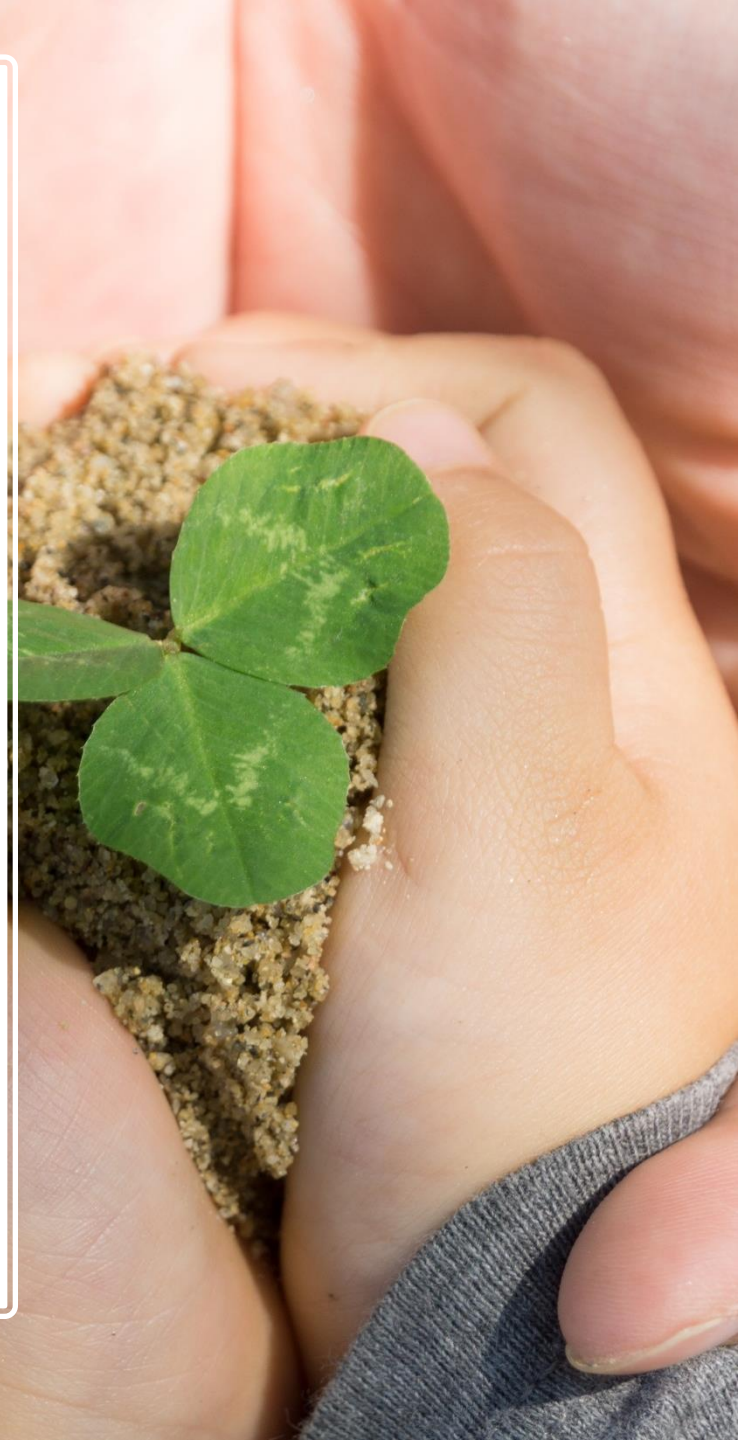
Whole Group / Table Activity

Now we have explained what a Family Approach is...

Why do you think that it is important?

What factors do you think affect families?

Why is a Family Approach important?

- Provides understanding of the family structure and composition.

- Awareness of wider family issues affecting the overall wellbeing of the family as well as any specific individuals an agency is working with.

- Understanding of how the needs of other family members affect their principal 'client' and how meeting those needs might benefit their client.

Other potential benefits:

- A focus on promoting wellbeing, prevention and early intervention.

- Identifies families with the greatest need to provide the right support at the earliest opportunity.

- Enables agencies to address the range of needs within a family through holistic assessment and co-ordination of a family wide response.

- Can engage families, even when they have not benefited from traditional service approaches.

- A flexible, coordinated, response is most effective in improving outcomes.

- Strengthens the capacity of family members to provide care and support to each other.

- An effective approach for dealing with multiple, entrenched and serious issues that may be having a serious impact on the child/adult.

Factors

The likelihood of the risk and harm to children and an adult with care and support needs increases when they live with a family member with one of the following vulnerability factors:

- Domestic abuse and coercive control
- Parental/familial mental ill-health
- Learning disabilities
- Substance misuse
- Self neglect
- Exploitation including sexual, criminal, county lines and financial

Multiple Factors

- Families can often experience **more than one** of any of the above factors at any one time.

- The co-existence of any of the above factors **will increase** the overall risk for a child / adult / family.

- Where this occurs **assessments should be updated frequently** to ensure there is an accurate understanding of risk factors and how they may impact on each other.

Group Activity on Protective Factors

What is a protective factor?

Protective Factors

A protective factor can be defined as:

"a characteristic at the biological, psychological, family, or community (including peers and culture) level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes."

A non-affected partner can be a protective factor.

It should be emphasised that **a child should not be considered to be a protective factor** for an adult on the basis that they are not able to impact on risk or outcomes.

Vulnerability Factors Activity

What makes someone vulnerable?

How does this impact on others in the family?

Table activity of list of factors, who it applies to (adult / child) and how it impacts on others who are in their care or who care for them.

Vulnerability Factors

There are a range of vulnerability factors which may apply to an adult with care and support needs and / or children – and impact on their families. These include:

- Age – cant seek help themselves
- Loneliness, social isolation, limited social contacts and living alone. No family, no friends, visitors or professionals to tell
- Poor health or disability
- Dependence on others to meet vital care needs, lack of suitable alternative accommodation
- Chaotic home / families
- Mental frailty – poor memory, lack of or fluctuating capacity, medication effects, depression
- Tolerance of abuse by others
- Low expectations of families and service users about the quality of care they can provide and / or are entitled to.
- Barriers to reporting – powerlessness, dependence on others, fear of consequences of speaking out
- Fear of loss of relationships
- Self neglect.
- Exploitation
- Learning needs / disability
- ACES (list them)
- Homelessness / temporary accommodation (B and B) / unstable accommodation
- Not understanding or speaking English / English being an additional language

Key areas of Focus

Restorative Practice

Strengths based Approach

Person Centred Working

Mental Capacity Act

Professional Curiosity

Not attending / not being brought to medical and health appointments
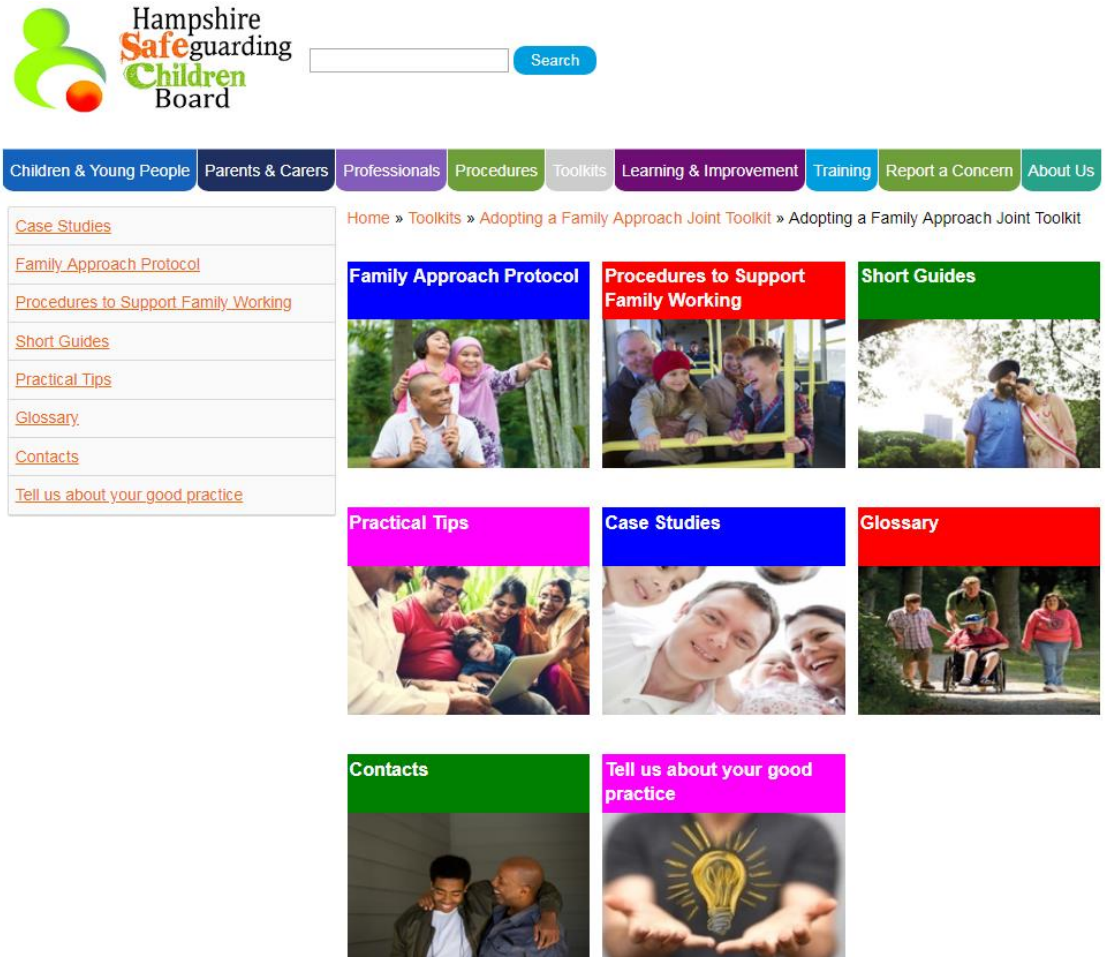
Transition to Adulthood

Case study

Family Approach Toolkit

- The Family Approach [toolkit](#)

- What it is and what is included

One Minute Guides

- Adverse Childhood Experiences

- Advocacy

- Care and Support Needs

- Children of Parents with Mental Health Needs

- Children of parents who abuse substances

- Recognising neglect in children

- Mental Capacity Act 2005

- A Childrens and an Adults glossary of terms

- 4LSAB Multi-Agency Risk Management Framework

- Family Approach Protocol

- Contact numbers for pan Hampshire Adult's and Children's Services

Practical Tips

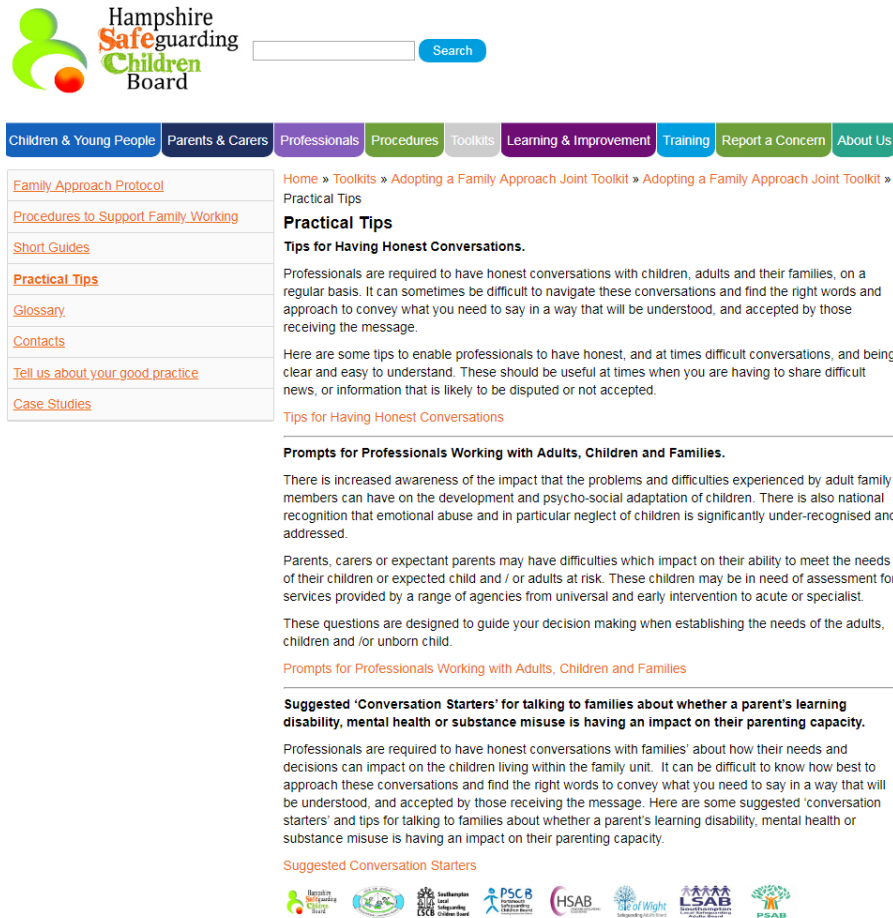These resources have been developed to support practitioners to start conversations and guide decision making when establishing the needs of the adults, children and/ or unborn child:

- Conversation starters
- Prompts for Professionals
- Tips for having honest conversations

What do professionals need to do?

- Make a commitment to take a 'family approach' in their work.

- Be professionally curious when working with families. Find out who is living in a household, who cares for whom. Staff need to remain curious and inquisitive about what they are seeing and assessing in terms of indicators of potential harm.

- Ensure that they are familiar with the referral pathways for both children and adults in the areas they work in.

How do you apply the family approach?

Now we have discussed a Family Approach:

- What is easy / hard about working in this way?
- What are the barriers?
- Is there anything as agencies we can do to help this?
- Is there anything as LSCBs / LSABs we can do to support you in your work?

Links

- Family Approach Protocol and toolkit
- Was Not Brought (adults and children)
- Unborn Baby
- Neglect toolkit
- Unidentified adults
- 4LSCB Procedures site
- Early Help/ Thresholds chart for children
- Multi Agency Risk Management framework 4LSAB
- Multi Agency Safeguarding Policy for Adults 4LSAB

Feedback and Questions

Feedback on the protocol and toolkit

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What is missing?

Will it help?

Thank you – and please complete the post event survey!