



Southampton Safeguarding Children's Partnership Guidance **When Engagement is difficult or not working**



Multi-agency Guidance

June 2024

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1. Introduction

This guidance is aimed at all those working with children, young people and adults who are parents/carers within Southampton. It aims to promote the welfare of children through effective partnership working with families. Partnership working requires engagement from all parties.

The guidance builds on research and evidence-based practice which is known to work in effectively engaging families in offers of support which aims to promote positive and lasting change for all the family.

This guidance provides support around recognising, understanding and responding to situations where families do not engage with professionals and/or there is disagreement over the best decisions for the child. This guidance should be used by practitioners alongside their own agencies policies and procedures.

Successful outcomes for children depend on strong partnership working between parents/carers and the practitioners working with them. Practitioners should take a child-centred approach to meeting the needs of the whole family.

The principles of a child-centred approach are:

- the child's welfare is paramount
- children's wishes and feelings are sought, heard, and responded to
- children's social care works in partnership with whole families
- children are raised by their families, with their family networks or in family environments wherever possible

(Working Together 2023)

When adults make decisions, they should think about how their decisions will affect children. All adults should do what is best for children.

(UN Convention of the Rights of the Child)

2. Aims

This guidance aims to:

- Improve partnership working with families for the purpose of doing what is best for children.
- Support practitioners when they find engaging families challenging.
- Develop awareness of strategies, tools and actions that promote family engagement.

3. What do we mean by engagement?

- The process of first attracting or motivating a family to attend the service for the first time.
- Enabling the family to recognise the benefits, goals and expectations of the service.

- Building a 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.
- Having an agreement with the family about what are the best outcomes for the child.

4. Why some practitioners find it challenging 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.
- pressure from the service to engage and make changes within a family quickly.
- Social GRRAAACCEESS (Burnham, J. 2013). describe aspects of personal and social identity which afford people different levels of power and privilege in relation to their gender, geography, race, religion age, ability, appearance, culture class or caste, education, employment, ethnicity spirituality, sexuality, and sexual orientation. This is not an exhaustive list but helps us to pay attention to difference and understand engagement when working with families.

5. 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 non-engagement and often have actively disengaged (dropped out) or rejected previous support for a range of reasons:

- previous negative experiences of agencies.
- experience of intervention as a young person
- not understanding professional's concerns
- cultural differences
- genuine fear – will my children be removed?
- anti-authority stance, dislike, or fear of authority figures.
- lack of communication from professionals.
- do not want to have their privacy invaded.
- have something to hide.
- 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 considered.
- individuals may fail to acknowledge their own needs.
- a chaotic lifestyle (for example, substance use, 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.
- resentment of staff changes.
- fear of oppressive judgements (particularly for disabled or substance misusing parents).
- a difference of opinion between parents and professionals around the presenting needs of the family.

6. Recognising difficult to engage behavior.

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 can indicate a deep dismissive body language is used.

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.

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.

Presenting 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 i.e. missed appointments. This could also be seen when:

- parents/carers agreeing with professionals regarding changes but put little effort into making changes work.
- change does occur but as a result of external agencies/resources
- 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 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.

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**’.

7. What parents say they need from services and workers

parents say it helps when workers:

- communicate openly, are honest and tell us what we they are worried about before writing it in a report, 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.
- Share reports with us before publishing them.
- 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, where safe to do so.
- 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 and involve the family in the development of the plan and set some achievable goals.

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 too 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.

- Ensuring that professionals are providing accurate and clear information at the appropriate time.

8. What children and young people say

- 'I was sure that professionals thought I was a liar when they didn't take any further action about my abuse allegations.'
- 'Do professionals understand how hard it is for kids and their ability to trust when there are lots of changes of professional? I had one worker who I trusted with my life, but then she was gone.'
- 'It is hard that everyone who cares for me and is helping me gets paid to do it. I know they don't get paid much, but that isn't the point!'
- 'I always want to know what is happening, as this is my actual life.'

Children say it helps when:

- adults listen to us and believe what we are saying.
- they turn up when they say they will.
- They do what they say they will.

9. Engagement – What we know works.

Principles for successful and sustained engagement with families:

- be child centered.
- 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.
- acknowledges that the child and their family are the experts in their own lives.
- acknowledges and uses family strengths.
- families have the potential to change.
- requires an understanding and honest sharing of issues around safeguarding.
- uses of persistent and proactive approaches to engage the family.
- happens where there is support for the whole family.
- requires effective support and supervision for staff, encourages evaluation and self-reflection.

10. Strategies and approaches to 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 suggests that the most effective relationship partnership and this can be defined in terms of:

<ul style="list-style-type: none"> • Active involvement. • Shared decision making. • Complementary expertise. • Agreement of aims and processes. 	<ul style="list-style-type: none"> • Mutual trust and respect. • Openness and honesty. • Clear communication. • Negotiation
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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	Practitioner Skills
<p>A non-judgemental attitude</p> <p>Respectful attitude</p> <p>An encouraging and empowering approach</p> <p>Warmth and empathy</p> <p>Being genuine</p>	<p>Active listening</p> <p>Prompting and exploring</p> <p>Responding empathetically</p> <p>Summarising</p> <p>Enabling change</p> <p>Negotiating</p> <p>Problem solving</p> <p>Able to reflect.</p> <p>Adaptable</p>

Establishing a 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 relationship with the family and act 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 but respectfully 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 behaviours. 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 centered’, ensure the child’s voice and their wishes and feelings are central throughout. Workers need to consider ‘*What does the child think needs to change to address their problem?*’

Throughout the intervention practitioners must balance the views of the parents with the protection of the child, **keep the child in clear focus**.

Professional Approach

- Ensure **non-resident parents** and/or significant others are actively engaged to participate in offer of support; Include men, male partners, grandparents and siblings rather than over-rely on mothers’ views.
- **Be transparent** with families about why engagement is necessary.
- Ensure that you clearly **explain** to families **your role** and how you provide support.
- **The whole family** will be supported e.g. the needs of the parents will be addressed and met as well as the needs of the children.
- **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, ask; what could you do about that.
- Practitioners use and model **active listening techniques** to hear and understand what parents want and demonstrate you have heard and value what they say by feeding back to them what you have heard and asking, is this correct?
- Explain to the family the need to undertake an assessment of their needs will help to develop a clear plan of support.
- **Start with and build on family strengths:** The focus of engaging and working with families is always to reduce risk but in such a ways 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.
- **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 that we have not been clear enough and it also gives the worker a chance to correct misperceptions and provides worker with feedback on their own communications skills which should lead to more effective sessions in the future.
- **Establish a ‘Team around the Family’** with key services 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.
- Establish an **agreed action 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.
- Provide ongoing encouragement to parents throughout the support process, remaining focused on improving outcomes for children and young people. Adopting a positive approach and a **‘can do’ attitude** even when challenging parents on difficult

issues, supports the establishment of a good relationship between practitioners and parents.

- 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 family, to speak to parent to arrange an appointment rather than sending an ‘official’ looking letter.
- Being mindful that some parents/carers are not 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 and rewards 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 change 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 ongoing support from a single agency practitioner when multi-agency response is no longer required.
- Provide the family with a **seamless service** that evidences the decisions are being made in the best interest of the child.
- Specifically observe parent-child dynamics to assess actual parenting as distinct from descriptions of how parents say 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 ongoing process of working towards positive outcomes for the children, young people and parents and carers.

Cycle of Change

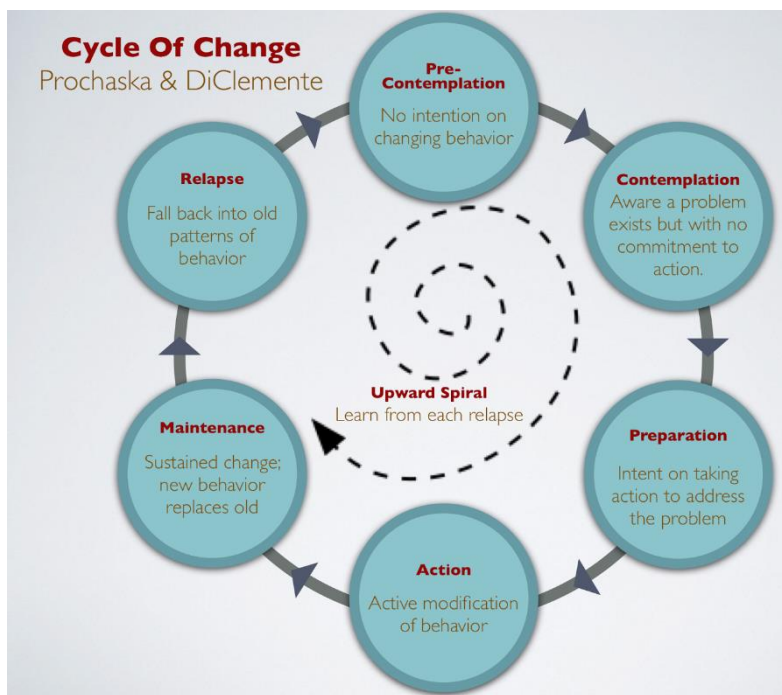
The Cycle of Change aims to describe how people change, with or without intervention, and maintains that responsibility for this change lies with the individual.

The use of DiClemente's model of change (1991) is an example of a model that can be helpful to practitioners to understand the change cycle and its application to working with families.

The Stages of Change

Precontemplation (Not yet acknowledging that there is a problem behaviour that needs to be changed)

- Contemplation - Acknowledging that there is a problem but not yet ready, sure of wanting, or lacks confidence to make a change.
- Preparation/Determination - Getting ready to change.
- Action/Willpower - Changing behavior.
- Maintenance - Maintaining the behavior change.
- Relapse - Where old habits return.



The 'GROW' Model

One model that could be used to set goals and identify motivation to change is the GROW model (J Whitmore, 1992):

	Grow Model	Grow Questions
G	Goal setting includes the initial short-term goals and further on the medium and long-term goals;	<ul style="list-style-type: none"> • What do you want? • What would be the goals from our working together? What does success look like and feel like for you? • How much influence or control do you have over the goal?
R	Reality checking to explore in full the current situation	<ul style="list-style-type: none"> • What happens now? • What have you done so far about this? • Who is involved and who else could be involved? • What has stopped you so far from achieving this goal?
O	Options and alternative strategies or course of action	<ul style="list-style-type: none"> • What could you do? • And what else could you do? • What are the benefits for each option and are there any costs? • Can you think of any risks?
W	What will be done, when, by whom, and the WILL to do it. (Motivation to change)	<ul style="list-style-type: none"> • What will you do? • Will this meet your objective or goal? • Who needs to know, and what is your next step? • What support do you need and who will provide this

Sometimes, insufficient time is spent identifying the “real goal” and the temptation move to the next step of identifying “the reality” and this can create a sense of rush.

11. 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.**

Practitioners must adhere to their own organisations policies and procedures to address their own personal safety when working to effectively engage a family. E.g. Lone Working Policy.

These may include:

- use 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 and 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 circumstances 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 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-judgmentally 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 ongoing concerns or progress made with the family and avoid being overly optimistic over changes that have yet to be sustained and retain a clear focus on achieving outcomes for the child.

- **listen to the family** and demonstrate understanding of what is being said.
- 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 with the family is discussed and addressed.

Professional 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. Practitioners identifying an issue arising from concerns about poor access/engagement should seek to promptly:

- case discuss with their Line Manager.
- ensure all discussions and attempts at engagement are clearly recorded.
- gather information from other services known to the family.
- consider what other agencies need to be informed.
- consider how quickly it is necessary to respond; is there a need for immediate action?
- Meet as a 'team around the family' to discuss effective engagement techniques and agree an action plan to address and overcome these.

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