

Developed on behalf of the four strategic boards: Waltham Forest
Safeguarding Children Board, Safeguarding Adults Board, Safetynet
and Health and Wellbeing Board

Think Family approach and good practice guide



Foreword

Welcome to the Think Family approach and good practice guide.

In Waltham Forest we recognise that in order to support families to make changes that are helpful and long lasting we need to work with all the members of the family. If we understand and recognise that the needs and desired outcomes of each person in the family affect each other, we are more likely to support and enable sustainable change.

Some services are already working within a Think Family approach and we now want to embed this in all services and agencies in the borough.

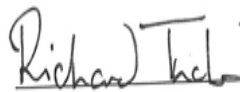
This will require us all to work differently, but with the same aim of working with families to achieve their outcomes. We believe that this document will help inform and create a common approach across all agencies, across adult and children services.

As the chairs of four of the strategic boards in the borough (Waltham Forest Safeguarding Adults, Waltham Forest Safeguarding Children, SafetyNet and Health and Wellbeing) we know that we also need to work differently to provide strategic leadership within a Think Family approach and there is work underway that will enable this to happen.

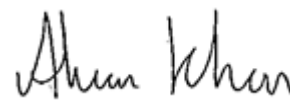
We hope that you find this document helpful and informative and that together we can work positively with all families in the borough.



Fran Pearson
Chair WFSCB and SAB



Richard Tucker
Chair of SafetyNet



CLlr Khan
Chair Health and Wellbeing Board

Think Family approach and good practice guide

1. Approach

1.1 Background and context

This approach and good practice guide has been developed on behalf of the four strategic boards in Waltham Forest which focus on the health, wellbeing and safety of all residents in the borough, namely the Waltham Forest Safeguarding Children Board, the Safeguarding Adults Board, the Health and Wellbeing Board and Community Safety Partnership (SafetyNet). The boards require all partner agencies who work in the borough to take forward this high level approach and develop it further in their own organisation. Agencies should ensure that Think Family is embedded not only into every day practice at the front line but is reflected in service design, structure and commissioning.

Family means different things to different people. We know that different communities and cultures consider family in a different way and this is not static, the understanding and practice of family changes and develops affected by external circumstances and environments.

For the purpose of this approach family means:

Each service user will have their own understanding and definition of “family” this should be explored and respected at the outset. This may include close friends and extended family members. In addition service users may have a defined support network of people based on relationships of trust who they may want included in their assessment. Family is what each service user defines it as.

Agencies in the past have found it difficult to provide a co-ordinated and adequate response to families who face multiple and complex problems and needs. Practitioners have consistently identified the need to find more effective ways of working across adults and children's services. This is echoed at government level by the review "Think Family: improving the life chances of families at risk". This identifies that greater priority needs to be given to ensuring there are joint and collaborative working practices within and across agencies to respond to the increasing separation between service areas and increasing specialisms within these areas. Without this, it will be very difficult to effectively protect children and adults at risk, and support parents and carers.

1.2 The vision – why and what is Think Family

Think Family works. Research suggests that a multi-agency ‘Think Family’ approach can be effective in helping families, even for those who have not benefited from traditional service approaches. The summary of the Centre For Excellence and Outcomes research report on supporting families with complex needs is summarised as follows:

- Multi-agency, flexible and coordinated services, with an underpinning ‘think family’ ethos, are most effective in improving outcomes. This includes staff in adults’ services being able to identify children’s needs, and staff in children’s services being able to recognise adults’ needs. Such services are viewed positively by families and professionals alike.
- Early intervention prevents problems becoming entrenched; the practical help, advice and emotional support which many parents value can often be given without referral to specialist services. Children and young people also prefer an informal approach.
- In order to access services, parents must feel reassured that they are not being judged or stigmatised, and be helped to overcome their fears of having their children removed. ‘I do have a sort of feeling of being ashamed of having difficulties. It’s not something I talk about’

Research has identified that families want services that are multi-disciplinary and which do not withdraw when the crisis is over but continue to prevent or reduce the circumstances that can result in further crisis. The most effective multi-disciplinary work retains a family focus, builds on the strengths of family members and provides support tailored to need.

Think Family: It is recognising that families are complex systems and if family members want to make changes that are helpful and long lasting this need to be done with all members of the family as a whole. We need to recognise how the needs and outcomes of each person in the family affect each other. If the work is only with one person in the family, there will only be limited changes to the whole system/family. Families are individual and will have their own culture and ways of working. It is important to learn from families how they work and change the way we work with them accordingly.

Think Family strengths: A common theme for all think family situations is the need to acknowledge and build on the resilience and social capital that already exists in family and their wider support networks. Practitioners need to work in a way that empowers and facilitates service users to develop mechanisms and approaches that can help sustained change after intervention from agencies has ended.

We have identified three situations that apply to Think Family:

- 1 Families with adults and children, where adult and children services need to work in partnership with each other as well as in partnership with the family to ensure that all members of the family's needs are met effectively.
- 2 *Intergenerational families consisting of all adults, e.g. older parent/s living with adult children with mental health needs/learning and/or physical disabilities. As people are living longer and are supported in the community rather than institutions intergenerational families are becoming more common.
- 3 Families with multiple needs (e.g. educational, health, and social) with large numbers of agencies working with them. The issue here is about working in a way that is family led and best meets the needs of the family.

*Research suggests that the effects of recession, property prices and the cost of care for old and young have combined to revive the practice of several generations living under the same roof. In 2012 it was established that almost 36 million people in Britain had experience of living as adults in the same home as another generation of their family. For almost three million of them, this was an arrangement which lasted as long as 10 years. This suggests that multi-generational households are becoming the norm. <http://www.telegraph.co.uk/women/mother-tongue/9490940/Return-of-the-extended-family-home-as-sandwich-generation-take-in-old-and-young.html>

1.3. Families with additional needs

The families we are referring to have additional needs. These may not be apparent when you first meet a member of the family. It is important that professionals are curious and ask questions not only about the family member you were referred to work with but about their other family members. Be curious about all aspects of their lives, in a respectful but enquiring way. Families with additional needs can be families with and without children. These families may include one or more of the following issues. This list is not exhaustive and practitioners should use their professional judgement.

- history of domestic abuse/other known violence;
- mental health difficulties;
- substance misuse (drugs or alcohol);
- toxic trio – families containing all the three above issues.
- combinations of the above such as dual diagnosis of mental illness combined with drug and alcohol abuse;

- subject to or witness to hostility, aggression, control or rejection by other family member who may be older or younger
- adult or young person has a disability or a long term illness
- adult or young person offending and involved in criminal justice system
- are seriously emotionally and/or physically neglected as a result of parental or carer illness/ functioning;
- are routinely used to meet a parent/carers own needs including fabricating or inducing illness in their children
- have a parent/carer who has a partner or ex-partner who fits any of the above categories
- a parent who has poor parenting skills

2. Principles of practice

The principles of practice describe the essential characteristics of the system, reflecting the system's designed purpose. If any one of the principles are ignored the system cannot work effectively.

With that in mind the essential principles of Think Family are;

- Work within the family's own definition of family.
- At any point of contact always check with a family which agencies they are working with and discuss with the family making contact with them.
- Use professional meetings where appropriate to resolve professional differences of opinion/approach, and coordinate the intervention and assessment processes.
- Effective communication by professionals with each other and with families.
- When any family member needs a package of support, provided by a network of practitioners, we know that the family benefits from having one person who they can liaise with. This person is called the Lead Professional and it is not a new job title or new role, but a set of functions essential to delivering integrated support. The Lead professional:
 - is the single point of contact – giving adults and children a trusted person to support them and communicate without jargon
 - coordinate services – so that effective action is properly planned, delivered and reviewed
 - reduce overlap, inconsistency or gaps – to ensure a better service experience and better outcome.
- The Lead Professional can be from any service and there is no one job they are likely to have. The family should be engaged in the decision to identify the lead professional and their wishes should be met unless there are significant reasons not to, these should be explained to the family. If there is statutory intervention from children social care the lead professional will be the social worker. If there is an adult with mental health on a care programme approach

they will also have a care coordinator and these two professionals will work together. In Waltham Forest we are committed to a culture of professional challenge where debate and differences of opinion are welcomed. If any professional feels that their concerns about risks are not being heard they should use the escalation process as highlighted in section 6 of the good practice guidance.

- Service users value the following skills in a lead professional
 - communication skills: speak their language, well mannered, good listening skills
 - people skills/trustworthiness: empathetic, patient, trusting
 - professionalism: confident, courageous, advocate on behalf of user
 - accessible: regular home visits or telephone calls, keep updated as required
- No intervention should be planned or undertaken without understanding the implication for other family members.
- Assessments can be completed separately but consideration to be given to information gathering for the assessment to reduce the amount of times someone has to “tell their story”. Practitioners, in agreement in the family, share information provided by users with each other.
- One family plan is developed following the assessment process which takes account of the impact one member’s outcomes will have on all other members and identifies how the actions work towards achieving positive outcomes for all.
- All members should influence and be involved in developing the family plan. They should be asked about aspirations, what are the issues that concern them, what outcomes they want. The users voice should be sought and listen to.
- Work should be completed within an outcomes framework, agreeing goals with the family at the beginning of the intervention. Then measuring the progress and then impact of the intervention based on individual family members’ feedback.
- There is a recognition that transition from children to adult services and from Youth Offending to Probation are significant events which require a positive Think Family approach.

3. What we need to do to ensure we can deliver Think Family

There are many challenges to effective multi-agency working which have been highlighted for many years in case reviews. For every challenge there is an enabler.

Challenge	Enabler
Silo working – each agency/team working separately, in isolation to each other. This can happen within large agencies as well as between agencies	Appointing a lead professional, being clear at all points on intervention which other agencies are working with the family and their roles and responsibilities.
Information sharing and consent	As practitioners work more in partnership with each other as well as the family this will create opportunities to share information more effectively. By establishing consent to share information early on, practitioners can avoid some of the barriers that may arise later. Being clear with family members about what information will be shared and with whom may provide reassurance and a greater likelihood of their agreement
Professional challenge	Practitioners should be supported to appropriately challenge not only family members but also other practitioners to ensure that the most appropriate plan is put in place to improve outcomes for families. Professionals meetings, used appropriately, can be a positive way of enabling professionals to explore professional disagreements and different approaches to ensure that the family receive a consistent approach where the family's needs are at the centre.
Professional disagreements and disputes between agencies	If a disagreement cannot be resolved between practitioners then this should be escalated to their managers who will then discuss and agree a way forward to resolve. It is important that disputes are resolved quickly and in a spirit of partnership working.
One specialist not understanding another specialist's area.	Families often need support with a range of issues and this may require specialist support. Practitioners are often specialist in one particular area so it is their responsibility to seek out information about another specialist's area and work in partnership rather than just alongside another specialist and use this as an opportunity to learn. For example mental health specialists and an

	adult/child safeguarding specialist.
Lack of strategic leadership affecting engagement of operational services	The work of the Think Family project group will include development of strategic champions who will be members of the four strategic boards. This will ensure engagement and understanding at a strategic level which will support operational services to deliver the approach alongside operational champions. Strategic champions will be responsible for escalating to the relevant board any areas of concerns.

4. Governance

Think Family is a cross cutting approach which is relevant to all four strategic boards, demonstrated by all boards approving this approach. To ensure clear governance and monitoring arrangements, the four boards have agreed that the WFSCB will be the lead board and oversee the implementation of Think Family.

Reports on the progress will be presented to the WFSCB at six monthly intervals and the board will hold partners to account for how they embed the approach.

5. Evaluation

The evaluation will form two areas; feedback from families and feedback from practitioners.

For families this will be completed by collecting data from the outcomes framework that will be used at the beginning, middle and end of intervention. This is explained further in the good practice section.

For practitioners this will be assessed through an electronic questionnaire at the launch of the approach which will be followed up 6 months later to assess impact. A multi-agency focus group of frontline practitioners will also be held just before the launch and 6 months later to explore changes.

6. How we are going to embed think family, from theory to practice

- Create a group of champions from across the partnership to support the delivery of the approach and to be the link person in their agency to ensure the approach is embedded.

- Launch the approach and family plan, alongside a multi-agency workshop with frontline practitioners from across the partnership to ensure that they understand how to embed think family into their everyday practice.
- Produce a manager's guide and a front line practitioner's guide that all partners will cascade to their teams/services/schools in a nominated week, along with e-communications.
- Deliver a wide ranging communications approach incorporating head teacher forums, managers forums, boards etc. throughout the partnership where the approach will be publicised by the champions
- The results of the evaluation will be used to continue the process of embedding think family and target those areas which require more attention.

Think Family good practice guide

1. What does Think Family look like:

- All practitioners who come into contact with children, adults at risk and their parents/carers, families and pregnant women recognise and act on their duty to safeguard and promote the welfare of children and adults at risk. Professionals are curious to ensure that all family members are safeguarded. Children's needs and safety are paramount and any concerns are acted on and referred in line with the London Child Protection Procedures and any adults at risk in line with Pan London Adult safeguarding procedures.
- Universal and specialist services identify children and adults in need and in need of protection through increased understanding of the impact of all family members problems on each other member;
- Practitioners recognising the needs of adults in their own right, who may also be parents /carers including in multi-generational families' (older parents living with children who are now adults in need of additional support);
- Good co-operation and collaborative working across organisations through jointly owned procedures for all stages of the interaction between families and agencies from referrals to assessments, joint commissioning, information sharing to planning, service provision to funding and review;
- Positive inter-agency communication and information sharing which reduces the amount of times that families have to tell their story;
- Professionals working in a flexible and pragmatic way to ensure children and adults do not fall between services and are not left at risk;
- A coordinated assessment process that is facilitated by a lead professional, who also coordinates the multi-agency involvement with a family to reduce the amount of professionals involved and supports the family to manage numerous/frequent professional contacts/interventions.
- Working with families and learning from them what they want to change, what are their aspirations, what are the issues that concern them, in addition to issues that may have been raised by others and;
- One family plan, which has been developed by the whole professional network in partnership with the family which takes into account what improving one member's outcomes will have on all other members and

works to achieve positive outcomes for all.

Think Family Capital: this is applicable for all families and builds on the resilience and capital that already exists in family and their wider support networks. Practitioners need to work in a way that empowers service users and enables service users to develop mechanisms and approaches that can help sustained change after intervention from agencies has ended.

3. Good practice – what is expected

- **All professionals are clear about their respective roles and responsibilities of their agencies**
- **Service users also have the responsibility to share and disclose relevant information to professionals who are working to ensure they receive the right support**
- **Action to supporting a family and information sharing is clear and is undertaken at the earliest opportunity;**
- **Statutory assessments may need to be documented separately but the process of assessment should be joint, for example a mother with mental health concerns has a joint assessment process with a mental health professional and safeguarding children social worker;**
- **Direct work with families to learn from them what they want to change, what are their aspirations, what are the issues that concern them, in addition to issues that may have been raised by others;**
- **Others non-statutory assessments may incorporate a range of assessments, however, the assessment process should be coordinated by a lead professional. The lead professional also facilitates, where appropriate, the reduction and frequency of involvement of multi-agency practitioners, through coordinated information sharing and practices;**
- **Development of one family plan, which has been developed by the whole professional network in partnership with the family which takes into account what improving one member's outcomes will have on all other members and works to achieve positive outcomes for all;**
- **Diversity and difference are valued and issues relating to children and adults identify with reference to race, gender, sexuality, culture, age, disability class and religion. These need to be explored so professionals have a clear sense of how a person/family experiences their identity, rather than making assumptions.**
- **Parents, carers, adults and children are communicated with in a timely, appropriate and accessible manner that assists them to understand what is happening;**

- Practitioners are able to draw a line between valuing diversity and valuing cultural practice when cultural practice is provided as an explanation or way of condoning acts of abuse or neglect or to prevent appropriate action being taken;
- For adults who are either/or misusing drugs, alcohol, have mental health issues, or learning or physical disabilities and are a parent or carer of an adult at risk, their individual needs are assessed in their own right as well as the impact their needs have on their ability to parent or care. Parenting and caring capacity is best assessed with the joint input of workers from adults and children's services with support where appropriate from specialist services;
- Input from specialist services in the assessment process continues through to case conference, through to child protection/adult protection and provision of services;
- The professional network works together in partnership with each other and the family with joined up oversight of the on-going work;
- Appropriate attempts are made within the legal framework to identify if there is relevant historical evidence of previous contact with services, i.e. drug and alcohol/mental health/ forensic services and police/YOT/probation services for parents/carers/partners and ex partners etc;
- Practitioners demonstrate professional curiosity. Practitioners are curious and interested and explore with families why things occur, what the background is, what is the context, who is a member of the family, what happened which prompted a decision etc. Practitioners question and explore the information provide to them from families, rather than just accept at face value.
- Clarity about lines of responsibility between the professionals to complete the assessment and support both the delivery and co-ordination of care plans;
- Flexibility about professional boundaries so that children and adults do not fall between services and are not left at risk;
- Information sharing should never be a barrier to safeguarding. If as a practitioner you believe in your professional judgement that there could be a safeguarding concern for either a child or an adult you should discuss this with your manager and document it and then share/request the information. In Waltham Forest senior management are committed to the concept of better to be in court explaining why you shared information than explaining why you did not. Remember the seven golden rules of information sharing see for more details
<http://www.walthamforest.gov.uk/Pages/lscb> and
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>. Also see the flowchart in appendix A

- **The sharing of information should be relevant to the situation and service users should have a copy of their signed consent.**
- **Care and consideration must be given to how information is shared with family members about other family members and consent for sharing information should be sort as appropriate;**
- **All practitioners have a responsibility to record and share significant information in writing, which may also have been shared verbally in order to ensure that significant assessment information is not lost or minimised by misconceptions;**
- **All agencies that mainly serve adult service users must consider, when deciding if an individual meets their threshold for a service, the possible impact on the individual of any caring responsibilities for children or vulnerable adults;**
- **All agencies that mainly serve children and young people must consider, when deciding if the child or young person meets their threshold for a service, the possible impact on the child or young person of having a parent/carer with additional needs as outline above;**
- **All agencies should consider the possible impact on adults with additional needs when they have caring responsibilities for others.**
- **There is an expectation within Waltham Forest that each agency should have a named safeguarding lead for children and adults. This will be a statutory responsibility for some agencies.**
- **Domestic abuse has a broad definition and this needs to be understood by practitioners and applied to a range of family situations including those which are intergenerational. The new broader definition of domestic violence also includes all aspects of harmful practice; forced marriage, female genital mutilation, honour based violence and faith based abuse. Domestic abuse is “any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to, psychological, physical, sexual, financial and/or emotional.**
- **Whole family working has been driven in the borough by the Troubled Family agenda. It is an opportunity for families to develop and maintain positive working relationships with a professional who will guide them through a process of change. Practitioners will be expected to review plans as part of regular practice toward realising positive outcomes and terminate work where these have been achieved. Practitioners should ensure that families understand from the outset that this is a time limited piece of work to assist them in addressing additional needs.**

4. Outcomes Focus

Understanding the outcomes for families as a result of the intervention of practitioners is very important not only for the family but the practitioners as well.

It is possible to monitor and measure outcomes using a simple exercise, even if families have numerous goals. This exercise enables the family to identify the goals that are important to them which may differ from those that practitioners identify.

It is important to recognise that the different members of the family may desire different outcomes for themselves and for others. This needs to be address with the family as a whole and while it is important to take into account all views, the personal choices of individual service users need to be respected (age appropriate)

Enabling the family to identify their own goals is in line with “Making Safeguarding Personal - Care Act 2014” for adults, which is about making the intervention person-led and outcome focused. It engages the person in conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Feedback from the initial pilot schemes stated that many social workers regarded this as “real social work” and not just case co-ordination.

At this point in time many agencies are still documenting individual assessments but as previously discussed the assessment process must be joined up and then all assessments feed into one family plan which details the outcomes that the family and practitioners are all working to achieve.

Questions at the beginning

At the beginning of intervention/assessment with each individual member ask them the blue sky thinking question. Record in your assessment and plan what you agree you are all working towards, what do you want to achieve?

“if you woke up tomorrow and the world was exactly how you wanted it to be and you felt happy , what would the world look like? how would you know you were happy? who would notice that you were happy?”

Where are you now?

Agree the steps they need to take in order to move towards their goal. Agree where they are now and give it a score 0-10, with 0 being the lowest and 10 the greatest. Identify what the next step would be. E.g. If they are presently a 4, is the next step 6 and what does 6 look like, how will they know they have reached 6.

Monitoring

When monitoring the family plan identify where each members is on the 0-10 scale and how this correlates with the plan they have agreed. It may be that the plan needs to be adjusted in the context of further information and/or the outcomes of some of the interventions.

At the end of the intervention

At the close of the work use the plan to demonstrate that the progress of the work and what has been achieved. Complete the scaling question with all members again and identify where they are now.

5. Family plan

Once the outcomes have been agreed with the family a plan needs to be developed that brings together all the outcomes that the family and practitioners have identified.

The outcomes may have been identified through separate assessments and this is the opportunity to bring them all together in one plan so that the professional network supporting the family remain focused on how support for one member of the family is connected to that of another.

The suggested family plan template attached links directly with the outcomes framework and enables the family and practitioners to monitor all the actions in one place rather than in a collection of separate action plans.

Please see template in Appendix B

6. Resolving disagreements within a professional network and the Escalation Process

There may be times when the professional network is unable to resolve differences of opinion, which may require escalation in the first instance to line managers, i.e. unable to agree the lead professional, services not agreeing to undertake joint assessments and timelines. Where these are not able to be resolved through a professionals meeting, there may well be a requirement to utilise the established escalation process in order that this does not have a negative impact upon the individual service user or the family.

The key to successful inter-agency working is for practitioners to understand and feel confident to use the respective escalation processes to resolve issues which are affecting outcomes for children and adults. If you identify a concern it is your responsibility as a practitioner to ensure that the concern is heard so if you do not

get the response you feel is the right one you need to escalate your concerns to a more senior person.

For children see:

<http://www.walthamforest.gov.uk/Documents/2015%2007%2012%20Escalation%20Letter%20%20June.pdf>

For adults see: <http://www.walthamforest.gov.uk/Pages/Services/asc-conc-rep.aspx>

7. Referral pathways

For adults: all referrals to Adult Social Care should go through Waltham Forest Direct on 020 8496 3000 or via email at: wfdirect@walthamforest.gov.uk. This is not a secure email, although LBWF uses EGRESS as a means of sending and receiving confidential information, which is not password protected. This can be set up on request. However, AdultMerlins@walthamforest.gov.uk is a secure account which is managed by Waltham Forest Direct.

Following the introduction of the Care Act 2014, the criteria for thresholds of adult social care provision has been identified as:

“The adults needs arise from or are related to a physical or mental impairment or illness, and as a result of these needs, the person is unable to achieve 2 or more of a range of outcomes, and that as a consequence, there is or is likely to be, a significant impact on their wellbeing, which is defined within an identified scope. This is available via the following link:

<http://www.walthamforest.gov.uk/pages/category/asc-elig-home.aspx>

For children: In order to ensure that families receive the right help at the right time, a request for help and support or protection has been launched. Please see the threshold document at <http://www.walthamforest.gov.uk/Documents/Threshold-Strategy2014.pdf>

Early Help Assessment and referral form:

<http://www.walthamforest.gov.uk/pages/servicechild/mash-professionals.aspx>

8. Transition

All young people with a disability have the right to lead their lives like everyone else, have same opportunities and support in taking control of their lives, and to be treated with dignity and respect. Young people, their families and carers should be supported to participate both socially and economically within their communities and have the same aspirations and life chances as others.

Transition into adulthood is a multi-agency process and will usually start around age 14 years. Children Services and Adult Services will work together and with other

relevant agencies to identify and meet the assessed needs of young people and their carers. London Borough of Waltham Forest has defined Transition processes and pathways in order to assist children and young people into adulthood life.

Principles of Transition work

- Transition process is person-centred and outcome focused and that young people and their families are involved in the process. The Outcomes should be challenging, based on high expectations of what a child or young person can achieve and link to their long term aspirations;
- Agencies to be involved in a meaningful way and contribute to the development of the young person's transition plan, as set out in legislation and national guidance;
- There is a clear and transparent communication strategy with carers and young people;
- Young people, parents and carers receive advice and information (using their preferred method of communication) so that they are supported to make informed choices and decisions. To ensure there is an annual visit to providers in the area for a better understanding of the care market and what represents value for money;
- Transition planning reflects the holistic needs of the young person including their education, training and employment, housing and leisure, health and social care needs from age 14 throughout school, and college up to age twenty-five if necessary;
- Work with schools and colleges to promote the wellbeing of young people into adulthood and work in partnership with agencies involved with the child and the young person;
- Services are planned and there are systems in place to allow all statutory agencies to participate in the planning process; i.e. panels, tracking meetings, team meetings, adequate capacity amongst teams;
- Effective Planning and Commissioning between Children Services and Adult Services to ensure that provision developed locally is suitable to the needs of young people and their aspirations.

The process of Transition for children and young people to adult care and support is supported by Care Act 2014 which states that “Services at transition should be aimed at moving a person into work/adult life in such a way as to promote their independence and so reduce their long term needs for care and support”.

The Act says that:

- if a child, young carer or an adult caring for a child (a “child’s carer”) is likely to have needs when they, or the child they care for, turns 18, the local authority **must** assess them if it considers there is “significant benefit” to the individual in doing so. This is regardless of whether the child or individual currently receives any services.
- When either a child or a young carer approaches their 18th birthday, they may ask for an assessment.
- A parent or carer may also ask for an assessment as the child they are caring for approaches 18.

As in all assessments, practitioners will need to consider:

- the needs of the person, what needs they are likely to have when they (or the child they care for) turn 18, and the outcomes they want to achieve in life.
- what types of adult care and support might be of benefit at that point, and also,
- consider whether other options beyond formal services might help the individual achieve their desired outcomes.

A Transition Assessment needs to be completed as a means to determine eligibility for services for when the person turns 18. When Children Services are carrying out an assessment, information should be given about whether the young person, child’s carer or young carer is likely to have eligible needs for care and support when they turn 18.

The Care Act (and the special educational needs provisions in the Children and Families Act) requires that there is cooperation within and between local authorities to ensure that the necessary people cooperate, that the right information and advice are available and that assessments can be carried out jointly.

The Children and Families Act creates a new ‘birth-to-25 years’ Education, Health and Care Plan (EHC) for children and young people with special educational needs , and offers families personal budgets so that they have more control over the type of support they get. In some cases, where a person is over 18, the “Care” part of the EHC plan will be provided for by adult care and support, under the Care Act.

Transition from youth offending to probation

A probation officer is seconded to the Youth Offending Service; they work predominantly with young people who are assessed as posing a high risk of causing harm who are under statutory supervision. They are also responsible for ensuring a smooth and consistent transition of young people from the youth system to adult probation services once they are 18 years old.

9 Case Studies to illustrate Think Family

Case Study 1

I am a white Irish woman aged 75 years old and I have dementia. Some days are better than others but I am now finding it hard to remember who people are and I can't always understand what people are saying. My son, Patrick lives with me, he is 53 next birthday and he has learning disabilities.

Recently there have been a lot of different men coming to the house to see Patrick and they often have young girls with them. Patrick doesn't want me to see them so he shuts me up in the back kitchen and I feel scared.

My neighbour came to see me the other day and she asked me about the men and I told her I didn't know anything but I am scared. She said she was going to call the police but I don't want Patrick to get into trouble.

The neighbour contacts the police and the police are concerned that the house is being used as a trap house.

Case Study 2

I am a Somalian woman in my 40's and I live with my husband who has mental health issues and has been diagnosed with a personality disorder. We have a beautiful four year daughter and we recently had social workers involved and she is now on a child protection plan because John sometimes hits me. We are thinking about going on a trip back home, it would be a good time in terms of the age of our daughter. The elders in my village are keen for us to return with my daughter.

The nursery is concerned that the family may be planning the trip for the purpose of committing FGM.

Case Study 3

I am in my late 30's and I am originally from Pakistan, my name is Theresa. I have had a degenerative physical disability which is terminal. I am the sole carer of my 13 year old daughter. I recently agreed that a friend of my daughter could come and stay as she has been having some difficulties at home. She has been staying for about 5 weeks now.

My daughter and I not been getting on that well either and having her friend here have made things worse. I told the district nurse, (who visits me regularly) that my daughter had shouted and sworn at me the other night and purposely left my walking frame out of reach when she helped me to bed.

Case Study 4

I am a Polish man aged 68 years old and my grandson Marcin, lives with me who is 21 years old. He came to stay a couple of years ago when he was having some difficulties with his mother, my daughter. Marcin started an apprenticeship but he was thrown off it because he was always late and they said he was lazy when he was there. Marcin has recently started smoking cannabis with his friends and he has asked me for money for his smoke and to get a beer because now he doesn't have any money coming in.

In the last few weeks Marcin has got involved in arguments with the neighbours. I have given him money but this meant I couldn't pay my rent and I am now behind and worried about that. I am not sure what to do and I am worried about what is going on with Marcin.

Case Study 5

I am 26 year old white British woman with a mild learning disability and I recently discovered I was 3 months pregnant which I am very excited about. My partner Dave is also very excited. He has a mild learning disability as well and we go to the same college. We have been going out for three years and we both live with our parents but we would like to have a home of our own and now will need one for the baby. I know that Dave smokes a lot of cannabis and this has got worse recently. He will need to give up for the baby.

Think Family Intervention in response to case studies

In all cases the needs of all family members need to be explored. This may need to be done separately as well as together to take account of safeguarding concerns.

All family members are to be asked about what services/support they are already receiving and practitioners seek consent to contact and share information with those that are relevant.

A lead professional needs to be identified and then reviewed when further interventions are undertaken to ensure the same lead professional is the most appropriate professional.

The assessment processes is coordinated so that the family only tell their story once and are clear about how information is being shared between professionals. Consent is sought from service users to share relevant information with other agencies and where appropriate other family members. This consent is recorded and document shared with the service user.

For these families some of the interventions /services / assessments required may include

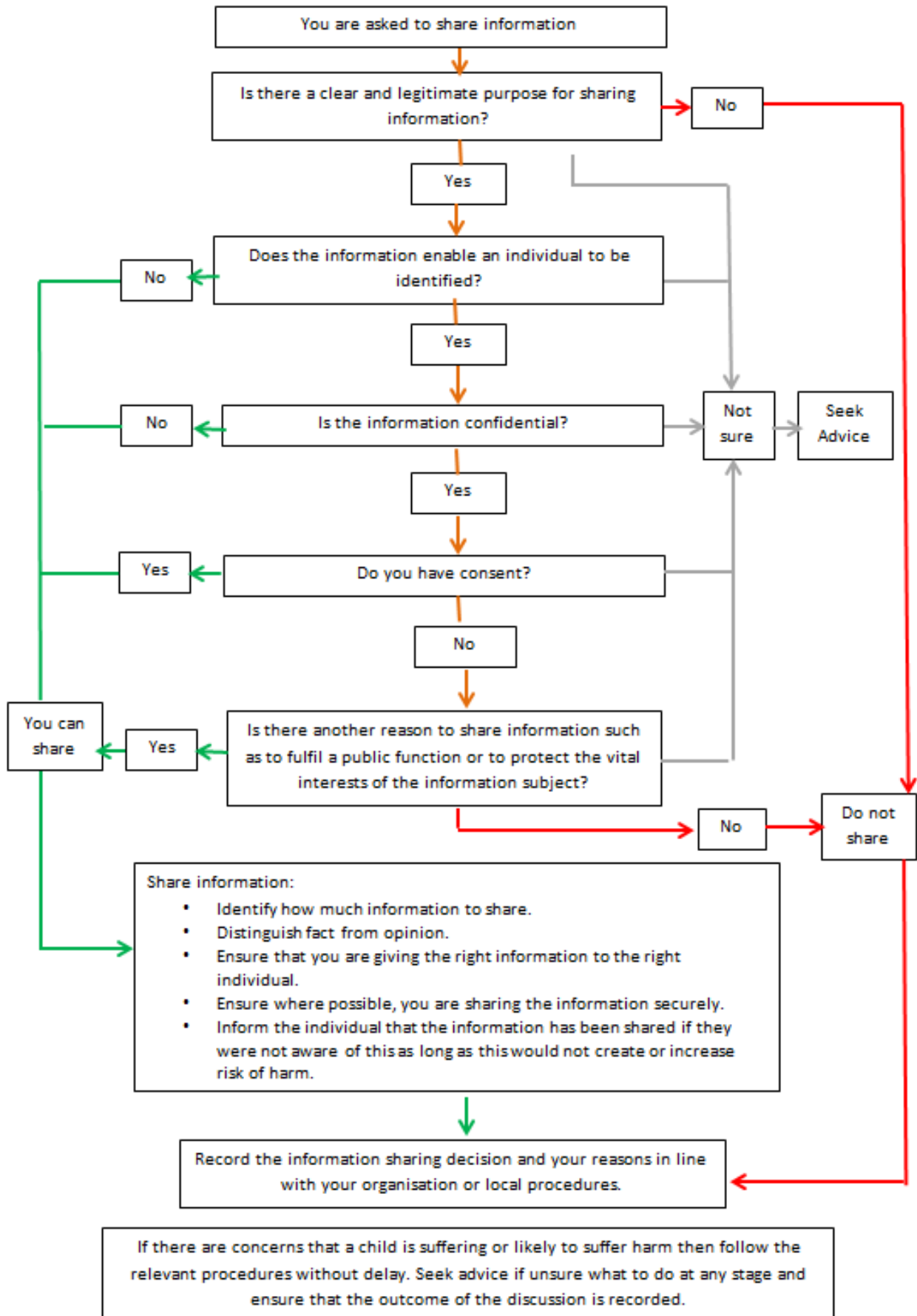
- community care assessment,
- mental capacity assessments
- learning disabilities service
- safeguarding adults service
- section 47 to safeguard children
- young carers services
- private fostering services
- early help provision
- pre-birth planning assessment
- parenting assessment
- substance misuse service

Where possible, one meeting is to be held, that all professionals can attend, that meets where appropriate the statutory criteria for safeguarding adults and children.

Following the assessment process which is coordinated by the lead professional, all members of the family have an opportunity to discuss what they would like to change about their situation and what their hopes are for the future.

One Family Plan is then drawn up and each member identifies the goals they wish to set and what would the best ever day look like for them. This plan is then regularly reviewed and updated with progress using the outcomes framework.

Appendix A Flowchart of when and how to share information



Appendix B Waltham Forest Think Family Plan

People Involved in this plan			
Family Members:			
Name		Role in the family	
Agency/Professional:			
Name	Role	Service	List any completed assessments

What needs to change?		
Practitioners view:		
Family's view:		
Desired Outcomes and scale of current situation – Use those that apply and/or develop others		
1	2	3
an issue that has low impact on our family	an issue that has a medium impact on our family	an Issue that has a high impact on our family
Improved family functioning <input type="checkbox"/> 1 2 3 4 5 (please circle)	Reduced Safeguarding concerns <input type="checkbox"/> 1 2 3 4 5 (please circle)	Adult into work <input type="checkbox"/> 1 2 3 4 5 (please circle)
Improved parenting skills <input type="checkbox"/> 1 2 3 4 5 (please circle)	Reduced offending <input type="checkbox"/> 1 2 3 4 5 (please circle)	Adult on a pathway plan to work <input type="checkbox"/> 1 2 3 4 5 (please circle)
Improved health and well-being <input type="checkbox"/> 1 2 3 4 5 (please circle)	Reduced ASB <input type="checkbox"/> 1 2 3 4 5 (please circle)	16-18 year old into Education, Training or employment <input type="checkbox"/> 1 2 3 4 5 (please circle)
Improved behaviour <input type="checkbox"/> 1 2 3 4 5 (please circle)	Reduced debt <input type="checkbox"/> 1 2 3 4 5 (please circle)	Other - Please state <input type="checkbox"/>
Improved school attendance <input type="checkbox"/> 1 2 3 4 5 (please circle)	Reduced involvement with gangs <input type="checkbox"/> 1 2 3 4 5 (please circle)	1 2 3 4 5 (please circle)
Improved mental health <input type="checkbox"/> 1 2 3 4 5 (please circle)	Reduced school exclusions <input type="checkbox"/> 1 2 3 4 5 (please circle)	
Improved housing conditions <input type="checkbox"/> 1 2 3 4 5 (please circle)	Reduced alcohol and drug misuse <input type="checkbox"/> 1 2 3 4 5 (please circle)	
Improved presentation <input type="checkbox"/> 1 2 3 4 5 (please circle)	Reduced risk taking behaviour <input type="checkbox"/> 1 2 3 4 5 (please circle)	
	Reduced isolation <input type="checkbox"/> 1 2 3 4 5 (please circle)	

What are the family's strengths and resources?				
What are the actions taking into account the family's ideas, solutions and goals?				
Need	Desired outcome	actions	Person responsible	completion date
Final Summary – Views of the family members, risk to the plan and desired outcomes, strategies to support the plan				
Named Lead Professional for the family:				
Name	Agency	Contact number		
Review				
Date	Time	Venue	Chair	

Outcomes measured after review				
1	2	3	4	5
an issue that has low impact on our family		an issue that has a medium impact on our family		an Issue that has a high impact on our family
Improved family functioning <input type="checkbox"/>		Reduced Safeguarding concerns <input type="checkbox"/>		Adult into work <input type="checkbox"/>
1 2 3 4 5 (please circle)		1 2 3 4 5 (please circle)		1 2 3 4 5 (please circle)
Improved parenting skills <input type="checkbox"/>		Reduced offending <input type="checkbox"/>		Adult on a pathway plan to work <input type="checkbox"/>
1 2 3 4 5 (please circle)		1 2 3 4 5 (please circle)		1 2 3 4 5 (please circle)
Improved health and well-being <input type="checkbox"/>		Reduced ASB <input type="checkbox"/>		16-18 year old into Education, Training or employment <input type="checkbox"/>
1 2 3 4 5 (please circle)		1 2 3 4 5 (please circle)		1 2 3 4 5 (please circle)
Improved behaviour <input type="checkbox"/>		Reduced debt <input type="checkbox"/>		Other - Please state <input type="checkbox"/>
1 2 3 4 5 (please circle)		1 2 3 4 5 (please circle)		
Improved school attendance <input type="checkbox"/>		Reduced involvement with gangs <input type="checkbox"/>		
1 2 3 4 5 (please circle)		1 2 3 4 5 (please circle)		
Improved mental health <input type="checkbox"/>		Reduced school exclusions <input type="checkbox"/>		1 2 3 4 5 (please circle)
1 2 3 4 5 (please circle)		1 2 3 4 5 (please circle)		
Improved housing conditions <input type="checkbox"/>		Reduced alcohol and drug misuse <input type="checkbox"/>		
1 2 3 4 5 (please circle)		1 2 3 4 5 (please circle)		
Improved presentation <input type="checkbox"/>		Reduced risk taking behaviour <input type="checkbox"/>		
1 2 3 4 5 (please circle)		1 2 3 4 5 (please circle)		
		Reduced isolation <input type="checkbox"/>		
		1 2 3 4 5 (please circle)		