

**Waltham Forest
‘Our Family Journey’
Guidance Document**

Title	Page
Introduction	3
Layer 1A: Consent to Share Information	4
Layer 1B: LBWF Request for Support Form	4
Layer 2: LBWF Our Family Journey Tool	5
<ul style="list-style-type: none"> ▪ Information gathering from families 	5
<ul style="list-style-type: none"> ▪ Information gathering – service/organisation feedback 	6
<ul style="list-style-type: none"> ▪ Making the connection (analyse) 	6
<ul style="list-style-type: none"> ▪ Plan 	7
<ul style="list-style-type: none"> ▪ Do (implementing) 	7
<ul style="list-style-type: none"> ▪ Review 	8
Layer 3: Service Specific Assessment -DV -Mental Health -Young Carers -Substance and alcohol misuse	8

Introduction

The aim of this guidance is to provide an overview of the layered approach to the Waltham Forest Our Family Journey Tool and to support practitioners in completing accurate and thorough records of a family's situation.

Families have told us that they do not always feel listened to by professionals and that too often they have to repeat their story. This tool has been developed as a layered approach, which places the family at the centre of the process, supporting engagement and enabling their voices to be heard. The aim is to provide a balanced picture of the family and to build on the strengths and resilience that is already in place. A partnership approach is developed which ensures that families are listened to, respected and actively involved.

This whole family record

- clearly conveys the family's voice and views;
- is as simple and clear as possible;
- helps to understand the inter- relationships between family members;
- regards families as active partners in the process of bringing about change for themselves and builds on their strengths;
- appreciates families as experts in their own lives.

Building positive relationships with family members is central to the success of a good 'Our Family Journey' Record. Engaging with families in an exploration of their priorities, strengths and values helps build mutual trust and respect, which is likely to lead to more successful outcomes. Where there is open communication practitioners and families can work together to identify the formal and informal support networks that can eliminate barriers and risks and bring about the positive changes that are wanted by all.

Waltham Forest 'Our Family Journey' consists of 3 layers, which are linked together:

- Layer 1 Consent to Share Information and Request for Support;
- Layer 2 Family Assessment;
- Layer 3 Specialist or service specific assessment. (optional)

Layer 1A: Consent to Share Information

The Waltham Forest Consent to Share Information Form has been developed to ensure the process of obtaining consent is key to delivering effective and sustainable outcomes with families. *'It is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all'*. (HM Government: Information Sharing 2011)

A relationship with a family that is built on trust, respect, honesty and confidence will help to ensure that gaining consent to share information is informed and effective. It is vital to be open and honest about why it is important to share information, identify who it is shared with and how it can help support meeting the needs of a family to effect the change they have identified. This discussion, alongside clarifying what additional information certain services might hold, can help to identify barriers and anxieties and provide an opportunity to dispel assumptions.

A key focus of the discussions should be in helping the family to understand that sharing information is an essential part of drawing in the right support. Families need to be made aware that you will only share *relevant* information (the relevance of the information will be different for each family) and that you will usually only share information with their consent. In some circumstances consent might be legitimately implied from the context, for example when a GP refers to a specialist at a hospital, but usually there will be a need for signed consent.

You should ensure that everyone understands that you will only share information **without** their consent in exceptional circumstances, such as when you believe that they or another child or young person may be at risk of significant harm, or an adult may be at risk of serious harm, or to prevent, detect or prosecute a serious crime. Practitioners will need to follow their own organisation's procedures for the protection of children and vulnerable adults.

Information and engagement of family members can often change, so it is important that consent should be regularly discussed, reviewed and where appropriate updated. Families may decide to withdraw consent at any time. Further information is available from HM Government: Information Sharing Guidance for managers and practitioners.

A child's legal rights Gillick competency and Fraser guidelines

What do 'Gillick competency' and 'Fraser guidelines' refer to?

Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent. But since then, they have been more widely used to

help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

In 1982 Mrs Victoria Gillick took her local health authority (West Norfolk and Wisbech Area Health Authority) and the Department of Health and Social Security to court in an attempt to stop doctors from giving contraceptive advice or treatment to under 16-year-olds without parental consent.

The case went to the High Court in 1984 where Mr Justice Woolf dismissed Mrs Gillick's claims. The Court of Appeal reversed this decision, but in 1985 it went to the House of Lords and the Law Lords (Lord Scarman, Lord Fraser and Lord Bridge) ruled in favour of the original judgment delivered by Mr Justice Woolf:

"...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent." (Gillick v West Norfolk, 1984)

How are the Fraser Guidelines applied?

The Fraser guidelines refer to the guidelines set out by Lord Fraser in his judgment of the Gillick case in the House of Lords (1985), which apply specifically to contraceptive advice. Lord Fraser stated that a doctor could proceed to give advice and treatment:

"provided he is satisfied in the following criteria:

1. that the girl (although under the age of 16 years of age) will understand his advice;
2. that he cannot persuade her to inform her parents or to allow him to inform the parents that she is seeking contraceptive advice;
3. that she is very likely to continue having sexual intercourse with or without contraceptive treatment;
4. that unless she receives contraceptive advice or treatment her physical or mental health or both are likely to suffer;
5. that her best interests require him to give her contraceptive advice, treatment or both without the parental consent." (Gillick v West Norfolk, 1985)

How is Gillick competency assessed?

Lord Scarman's comments in his judgment of the Gillick case in the House of Lords (Gillick v West Norfolk, 1985) are often referred to as the test of "Gillick competency":

"...it is not enough that she should understand the nature of the advice which is being given: she must also have a sufficient maturity to understand what is involved."

He also commented more generally on parents' versus children's rights:

"parental right yields to the child's right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the

matter requiring decision."

What are the implications for child protection?

Professionals working with children need to consider how to balance children's rights and wishes with their responsibility to keep children safe from harm. Underage sexual activity should always be seen as a possible indicator of child sexual exploitation. Sexual activity with a child under 13 is a criminal offence and should always result in a child protection referral.

Layer 1B: Waltham Forest Request for Support Form (MASH form)

The Waltham Forest Request for Support Form is for use by all services and agencies when it has been identified that a family needs additional support beyond which can be provided by the requestor. This form will provide the demographic information about all family members and where relevant, their wider social network. It is important to be as accurate as possible, as this is the first part of the Our Family Journey Record and the information provided will begin the process.

Layer 2: Waltham Forest 'Our Family Journey'.

The OFJ tool is a process for gathering and organising information and does this in ways that can help a family prevent and solve problems. It aims for a full understanding of the relationships between individuals, family members and their wider social networks.

It has five stages:

- information gathering
- making the connections (Analyse)
- planning (Plan)
- implementation (Do)
- review

These stages form part of a continuous loop of activity that needs to occur with a family as the family is never static and change will occur on a regular basis.



Information gathering from families

Families have told us that the approach, skills and resourcefulness of the practitioner are most important to them. How the practitioner gathers information in this first section is likely to impact on their working relationship for the entire period of involvement.

Information supplied at Layer 1 should help practitioners decide with the family, where the best place will be to meet initially, for example, their home, a children's centre, a local library or school. Any risks identified through the information gathering process will help determine the most suitable venue. Another consideration might be meeting where the family members feel most comfortable.

This part of the process involves inviting the family to tell their story in whatever way they choose, helping them to build up a picture, including events in their past, the present situation and hopes for the future. This could take several visits and time spent with individuals as well as the family group but is an investment in effective change in the future. Listening, conversing, asking questions and remaining non-judgemental and being aware of body language is essential. It is also important for practitioners to ensure that gathering the information does not become too problem-focused and 'stuck' in the past, by taking the opportunity to move the conversation into recognising strengths, resilience and hope for changes. Practitioners may wish to use the materials available in the Toolkit, or from their own service, to assist with this.

Information gathering – service/organisation feedback

The process of gathering information and gaining feedback from services/organisations can start once consent has been given by the family. Information may be received from services/organisations in a variety of ways using different methods. These could take the form of direct conversations, written reports, assessments, or contact chronology and notes. When speaking to other services/organisations they may also share information about any known risks or specific concerns and issues.

It is important that all information and feedback is relevant and clearly recorded. It is also best practice to share information received with the intended family member. Please note there may be some instances where it is not appropriate to feed back some information due to wider implications. As with the discussions with family members, always check with the service/organisation what can and cannot be shared. It is also important to consider that different services/organisations may have a different view or understanding of the family situation.

The Measuring Tool (Petal) looks at 6 outcomes based on Troubled Families Outcomes: Anti-social behaviour, Education, Children needing help, Worklessness, Domestic Violence/Domestic Abuse, and Health.

Making the connections (Analyse)

Making the connections (analysis) starts by bringing together all the information which has been gathered and working with individuals and the whole family to identify patterns, priorities and where change is needed. The Scaling Tool which is provided as part of the Our Family Journey can help with this. Each family member should by now have started to focus on where their strengths lie and what they feel is a priority for them to change and improve. The Measuring Tool (Petal) will help the practitioner and family to visualise and unpick where their strengths can potentially have a positive impact on an area where change is needed, or where some identified improvements may just be masking other more entrenched needs. It also helps in understanding how each priority area may be impacting on another, for example a parent's mental health affecting the ability to provide boundaries for their child.

Each section of the Scaling Tool can be labelled with areas where it has been agreed that change is needed, for example "getting the children to school on time every day" or "sorting out my finances". It is important to be led by the family initially and to consider their priorities first. This can support engagement; particularly if some "quick wins" and Immediate practical activity can be identified. As trust and relationships develop, more entrenched issues and areas can be tackled by mutual agreement. Ask the family members to place themselves on the scale between 1 and 10, where the numbers indicate the current situation.

1-2 – "We don't know what to do about this, things are as bad as they could be"

3-4 - "We understand we need to make a lot of changes and want some help in this area"

5-6 – "We are trying to improve things but finding it very hard"

7-8 – "Things are definitely improving but there is more to do yet"

9-10 – "Everything is going very well"

It may be important for some individuals to be able to prioritise their own needs and goals on the Scaling Tool, within the context of the family as a whole. Once these are all completed there is now a basis for formulating a Family Plan to agree actions needed to address the identified areas. Discussion about what it would be like to be at 9 or 10 on the scale will help define what successful change will look like.

Plan

By completing the analysis of all the information gathered it should now be possible to agree with the family what actions are needed and plan how these will be achieved, who will be helping, what success will look like and how often the plan will be reviewed. It is important that the Family Plan is completed with the family and that family members are supported to identify their own actions. Families are more likely to understand, value and work towards priorities which they have identified as important themselves. The plan will help to clarify the roles and responsibilities of individual family members and of any

agencies or services who will work with the family. Use the family's own words wherever possible to promote ownership and engagement. Actions should be specific and achievable and may be in very small steps initially. Plans should also take into account any risks identified and any measures needed to manage the risks effectively.

Children's views should be sought in age appropriate ways and included in the plan, whilst being sensitive to the impact on parents of hearing about their child's negative experiences and the impact of information about parents' difficulties on the children.

A 'Team around the Family' meeting, including family members, could be called by the Key Worker/Lead Professional at this point if a number of agencies will be delivering services to ensure there is a clear understanding of how the plan will be implemented. It is important to allow enough time for the tasks to be achieved but not so long that drift occurs.

Do (Implementation)

All actions that have been identified within the plan will then be delivered in agreed timeframes. Whilst delivering support, practitioners will also be building relationships and trust. Reliability, consistency, practical support and co-ordination are likely to be of high importance but it is also crucial not to take on responsibilities which belong with family members, recognising when to promote independence and when to support.

Review

At this stage the practitioner and family together will reflect on what has happened so far, where outcomes have been achieved and if needed, revise the plan. Problems, strengths, values and hopes for the future are dynamic features of a family and therefore should be considered as an on-going process for both families and practitioners. Over time new and important information is likely to emerge, events such as separations or bereavements can take place and relationships may change, risks may change. Progress towards family goals can be acknowledged and new actions put in place if needed.

Step Up

If concerns continue or begin to escalate, then professional judgement should be used to assess whether the case needs to be stepped up to Social Care.

Non Engagement Policy

Engagement is voluntary but research suggests a key indicator of successful engagement is achieved through persistent and determined efforts to build a relationship.

Layer 3: Service Specific Assessment (optional)

Many services and agencies have their own specific assessment that is needed for addressing specialist issues and checking against their own criteria, often with pre-determined questions. Examples, though not exhaustive, might be Youth Offending, Health, Drug and Alcohol, Education, Mental Health, Benefits, Housing.

- **Domestic abuse**
Tool 1 DASH [http://wwwsafelives.org.uk/marac/RIC for MARAC.html](http://wwwsafelives.org.uk/marac/RIC%20for%20MARAC.html).

- **Substance and alcohol misuse**
Tool 2 SCODA Framework for assessing problem drug use and impact on parenting.
This is intended as an aid for the practitioner to support them in semi structured Interviews or in observations.

- **Tool 3 DUST**

- **Adult mental health**
Tool 4 National Assessment Framework questionnaires and scales -Adult wellbeing scale: (irritability, Depression, Anxiety – IDA Scale, Snaith et al, 1978) This scale looks at how an adult is feeling in terms of depression, anxiety and irritability. The questions are framed in a personal fashion (i.e. I feel...., My appetite is....) This scale allows the adult to respond from four possible answers.

- **Child and adolescent mental health**
Tool 5 National Assessment Framework questionnaires and scales –Adolescent wellbeing scale:

- **Young carer**
Tool 6

Layer 3 acknowledges this and provides an opportunity to probe further into particular issues and circumstances. Much of the information gathered using the OFJ tool can support more specialist assessments.

It is important that further information gathered is fed back into any review of the Family Plan and informs the agreed actions.

Acknowledgements

Our Family Journey Assessment Tool and Guidance was developed and influenced by:

- Essex Council;
- Waltham Forest Early Help Focus Group,