  
**Recommendations from the day:** 

* Think Family; ask the questions around faith and briefs during risk assessment.
* Threshold and risks – Cases where high risk is not identified are more challenging in terms of assuring a ‘Think Family’ approach.
* Joint Children and Adults events and training, Re Think family for operational staff.
* Unclear how many frontline workers attended today – so Managers need to ensure teams are briefed Re ‘Think Family’ and embed in their everyday work.
* Joint induction/training for all Staff on ‘Think Family’ as standard practice.
* Pre – day delegate contact list sent out so people can network.
* Evaluation form from today would be useful
* Why no access to counselling whilst court proceedings were taking place
* How to deal with non – engagement into services and how to manage this. Feedback to referrer or other appropriate agencies
* No use of case studies in favour of ‘expert by experience’ or good examples of ‘Think Family’ working
* Information Sharing – No barriers to information sharing!

**Think Family and Mental Health:**

**Access and confidentiality:**

* How to share information Re Governance / Confidentiality?
* How to set up one basic shared electronic system identifying if someone is in a service and which one ?
* How to access archived information?

**Resources:**

* Where are the resources coming from?

**User experience**

* How does user experience inform policy and practice?

**Referral:**

* If the adult mental health service is to ‘Think Family’ and goes through a referral process for the child how do they know and how can they assure this wont cause emotional distress?
* How can we simplify access/signposting to mental health service?
* How can early help support be pushed forward re ‘Think Family’?
* Would ‘Think Family’ at point of referral to Devon Partnership affect the threshold to be treated by the service?

Barriers:

* When it doesn’t happen, what are the main reasons why it doesn’t happen?

Cross agency working:

* How can child and adult mental services work together? What protocol or process can be put in place?
* What information needs to be shared from other agencies and how can you work with a broader amount of agencies?
* What steps are being taken to ensure that the Torbay and Devon MASH’s have the right agencies involved?

**Think Family and The Police:**

* How can we have an effective mechanism to create a directory of essential contacts should this be on the adult and children’s LSB and maintained by them?
* What helps people to take a broader view outside of their primary role and teams ?

Strategy:

* How do boards propose to ensure a whole system approach is in place to support ‘Think Family’?
* What are we doing to truly ‘Think Family’ rather than marrying just ‘Think Adults’ and ‘Think Children’ what are the next steps around planning ‘Think Family’ when dealing with individual cases?

Risk assessment:

* How to establish a single risk assessment

Learning disability:

* How do we improve access to learning disability services?

Consent:

* VST completed by police and evidence risk and need for referral to the Mental Health service, what if the adult does not consent?
* Does safeguarding always ‘trump’ data protection (it should)?

Data Protection:

* How does Clara’s law relate to the data protection act? (Deep the greater risk over ride the potential all good perpetrators right to have their information kept confidential) ?

Care Act:

* Paul Northcott Slides showed an obviously deprived property is it harder to evidence when going into a well kept home?
* Does ‘Think Family’ recognise care act 2014 compliance and alignment around prevention and well being?

VIST:

* How do agencies know about the pathways for the VIST? How do frontline agencies know?
* Can acute services (Hospital) adopt a similar VIST system for assessing and discharge or adapt to meet hospital needs?
* VIST is increasing volume to MASH rather than to other agencies, How is this going to be addressed to prevent flooding into MASH services as it rolls out ?

Information sharing:

* What are we doing about the ‘hidden harms’ in reference to information sharing between agencies?
* Where are we with work on hidden harm; information sharing with agencies, focus on hidden young carers?
* How do we join information about domestic abuse incidents up to supporting children in school?
* How do we over come barriers to data sharing?
* (How) do multi agencies share information when they all have different systems?

**Responsibility:**

* How will the police capture the voice of the child/young person?
* How will the police balance all the conflicting demands?
* How can we get GP’s more involved?
* What is the link between police and inpatient mental health wards?
* When risk assessments are passed on to MASH, do agencies ‘wash their hands’ of their responsibility?

**Think Family and The Police:**

**Types of abuse:**

* There has been a lot of mentioning about domestic abuse what about other types of abuse(Emotional, Financial, ect.)?

**Skills and Culture:**

* How do we keep practitioner’s critical skills and professional curiosity?
* Do we complete quality supervision? Do we ask practitioner’s “How do you feel about that”?
* Are we a ‘Learning organisation”?

**Strategy:**

* What happens if there is a change of direction at the top of the force?
* Should we assess need rather than risk?
* How well is the change in police vision ‘known’ on the ground/ middle management?
* How do we move from a single-agency vision to an actual multi agency approach

**Impact of street triage:**

* What has been the impact of “street triage” and ‘courts diversion and liaison services’ regarding Think Family resourced and targeted appropriately
* What protocols are the police using to decide what is a safeguarding concern? As it seems the understanding on what poses a risk is stereotypical to what people perceive as a safeguarding concern?

**Process:**

* How do police make a referral to mental health?
* How are the police incorporating the multi agency threshold tool in their first response assessment?

**Think Family and probation:**

**Training:**

* Where is the training for the courts on think family?

**Information sharing:**

* How do we overcome information sharing when not ‘high’ risk?
* What are the information sharing protocols or is there one between the NPS and the CRC? Has their lack of access to historical information been risk assessed by the NPS?

**Child focus:**

* Where are the vulnerable adults? All child focussed?
* Where is the ‘adults at risk’ in this? What happens when the offender is an adult at risk’? What is the CRC’s safeguarding key performance indicator and does this link to performance?

**Links:**

* What was the link between the SCR and the MACA? Was the scope clear enough?

**Gaps:**

* What happens when people fall between the NPS and CRC? How can CRC access historic information to prevent this?

**Presentations:**

* Can we have copies of the presentations?

**Multi agency case audit feedback:**

**Resources:**

* How can we get a domestic abuse specialist based at MASH? is there any funding available for this?
* How will we resource the audit findings?

**Culture:**

* How do we enable practitioners to challenge each other?
* How do we imbed purpose into culture of organisations? How do we find time for staff to access supervision and practice guidance?
* How can we bring compassion for the adult back into the safeguarding children process?
* How do we achieve values and culture change in addition to changes in processes, policies and guidance?
* What support is there to translate think family in partner organisations (local authority) where it is not part of our language yet?
* Why doesn’t training translate into practice? How can we change habits?
* How will we see the evidence of culture change in frontline policing because it is not evident yet?
* How many agencies were reviewed in the process? One example of good practice from one agency (Devon Partnership) does this mean there was a high ration of poor practice? What was the example of good practice?
* How can the inclusion of self neglect as a type of adult abuse and neglect that local authority should carry out enquiries into contribute to identifying risk to children and coordinating risk management

**Systems:**

* Our systems our forms prompting for our children involved?
* Do our systems support this? How can we?
* Genogram as common practice use.

**Joint working and sharing:**

* Sharing good practice e.g. police vulnerability tool how can this be improved?
* How can the adult SAB’s and children’s boards work more closely together? Adults board need to learn from children’s adult boards need to learn from children’s re MACA’s – how can we make this happen?

**Voice of the person:**

* How do we recognise the non-verbal statement?
* How do we hear the individual voice when there is an intermediary?
* How do we hear the voices when there are competing voices in complex cases?
* What was good about DPT care plans – mentioned voice of adult – how do we share this?

**Risk assessment:**

* Probation responsible for risk assessment if proven risk is children – does this apply to a vulnerable adult or vulnerable adults?

**Learning:**

* How can we embed the learning from SCR’s into practice?

**General:**

I understand that the day was focussing on adult services think family so how about another day with presentations from how children’s services are embedding think family!

**WHAT ARE THE BARRIERS?**

* Commissioning – lack of focus on safeguarding
* Structures
* Processes – too many steps
* I.T. systems
* Different LA’s and CCG’s
* Information sharing
* Cross border challenges
* Eligibility and thresholds
* Language
* Acronyms
* Inter agencies awareness and open dialogue
* Employment of staff around DAF
* Lack of resources over stretched services
* Cultures
* Communications
* High work loads barriers
* Time resource – requesting and providing information.
* Confidence on what/how to share

**WHERE ARE WE NOW?**

* Unsure which agencies have their own THINK FAMILY assessment tool
* Possibly understanding different tools (strategies) but same theme
* Not communicating well enough: recognise this is positive
* Improvement of THINK FAMILY
* Could work better in joint working/ joint approach rather than “pass the buck”
* We are talking it and thinking it but need to formalise an approach to “doing it”
* When high risk people get it otherwise patchy
* Systems don’t talk to each other
* Data protection a nightmare
* All on the same page
* Services are being honest and open about gaps
* All willing to engage
* Care act acting as a driver for a change
* How do we put THINK FAMILY in to practice?
* Lack of strategic comprehensiveness
* Some organisations are further along the journey than others

**WHAT ARE WE DOING WELL?**

* Begging to incorporate ‘Think Family’ in policies and procedures
* Having the conversations
* Professional curiosity
* Strategic commitment and sign up
* Some agencies process of developing
* Working well in pockets
* Developing now it systems – which promote questions
* Promoting awareness
* Enthusiastic to take forward
* Joint commissioning project in Torbay to integrates child and adult services
* Adult process to inform learning
* Do crisis end well – no systems for universal early help
* Most agencies now have safeguarding at all levels – primary care
* Openly sharing ideas, concerns, issues and good practice
* Recognising that safeguarding is everybody’s responsibility