



Brief Practice Guides:

Rethink Formulation

What is Rethink Formulation?

Rethink Formulation is a strengths-based, collaborative process which has been designed to inform assessment, planning and the evaluation of all our work with children, families and other professionals. The Rethink 'Practice Model' aims to support restorative and trauma informed practice in Plymouth and is integral to Plymouth City Council's Children's Services 'Practice Framework'.

Rethink Formulation provides a unified approach to help us, families and co-professionals to make sense of things together and to develop a shared language with which to do this. It enables us to draw on multiple perspectives and to analyse information thoroughly. With a shared understanding we can then work in partnership to create evidenced informed, outcome-based plans and interventions that involve families and professionals to achieve sustainable change.

How does Rethink Formulation improve outcomes for families?

Rethink Formulation provides families and professionals with a consistent and clear model for developing a shared understanding of presenting issues, as well as the influence and impact that professional interventions are making. The model supports families and practitioners to become more aligned in their understanding of strengths, needs and risks, as well as the factors that are inhibiting achievement of desired change and agreed outcomes.

As a consequence, families feel listened to and respected. This improves family engagement with services and helps us to promote investment from everyone in shared solutions. Co-creating outcome-focused plans to guide intervention helps families to feel part of the decision-making process, taking on more responsibility and increasing their ownership of the plan. The goal is to work together to achieve change, whilst enabling families to manage their lives effectively and reduce involvement from services.

Rethinking what we know about a family, and what we then do with that knowledge, is key to working with a family holistically and in a restorative, trauma - informed way.

How is Rethink Formulation used?

When working with children, young people and families, Rethink Formulation refers to the way we understand their needs and experiences and how we use that understanding to inform our practice. The Rethink Formulation Practice Model provides a systemic framework incorporating assessment, planning, intervention and review processes. The Formulation process starts with the 6Ps.

Step 1: Rethink Formulation – using the 6Ps

Using the 6Ps systemically to frame conversations with families, between professionals and within conferences and meetings, provides consistency and transparency for families and professionals, promoting a deeper and shared understanding of what is happening right now and what might happen if concerns are not addressed.

When talking with and about families, professionals should aim to consistently utilise the 6Ps to frame the conversation, their thinking and their evidence. The application of the 6Ps requires professional curiosity and information gathered should also be effectively triangulated across available sources (e.g. children and young people, family members, multi-agency partners)



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Presenting issues – What is happening right now that is causing concern?

- Describe the presenting issues that are a cause for concern in detail.
- Is there anyone clearly identifiable as the source of the presenting issues?
- What are the factual and observable events/results?
- How often is this happening?
- When did the presenting issues start?
- Who is being affected by the presenting issues?
- Where do we see this happening? Any other settings?
- So, what safeguarding issues is that leading to (Think Thresholds)? If the answer is in the 'future tense' (predicting) ask... So, what is happening now that is leading you to believe that could happen?
- How do we know that this impacts family members, how are they presenting?
- How do you know this? What observable evidence is there?

Precipitating Factors – What happens / has happened that triggers the presenting issues?

- Do we know what led to the presenting issue(s)?
- What happens/happened before the presenting issues occurred?
- Is there any identifiable behaviour, thoughts, feelings, etc. that precipitate the presenting issue?
- What's recently changed / what's been different lately that may precipitate the presenting issues?
- How frequently do identified precipitating factors occur? Are they isolated incidents, or do we see a pattern either in the present or in the past?

Predictive factors – what harm is likely to occur if presenting issues are not addressed effectively?

- What harm (type, probability, frequency, severity) is likely to happen in the short, medium and long term if the presenting issues continue?
- What are the potential consequences/outcomes for family members in the short, medium and long term if the presenting issues continue?
- What evidence supports the prediction?

Pre-disposing factors – what family history is relevant to the presenting issues, including challenges / adverse experiences / vulnerabilities have the family faced (current/past)?

- What do we know about the family's history / background that might be relevant to the presenting issues?
- What environmental challenges / experiences are they living with? Do we have any evidence that this is influencing the current issues?
- Do we know of any specific Adverse Childhood Experiences (ACEs) that family members may have had which might be impacting now? Do we have any evidence that this is influencing the current issues?
- What current / past vulnerabilities, challenges and experiences do family members have that might influence their capacity and motivation to change?
- What services have the family accessed in the past and what has their previous experience of services been like? What worked? What didn't work? And why?

Perpetuating factors – what factors are maintaining the presenting issues and inhibiting change?

- What is maintaining the presenting issues? What evidence do we have to support that identified perpetuating factors are inhibiting change?
- Do the family agree with professional's concerns relating to the presenting issues?
- What individual factors might inhibit family members' motivation or capacity to change? Do we have any evidence which supports this analysis (past/present).
- What environmental factors might inhibit family members' motivation or capacity to change? Do we have any evidence which supports this analysis?
- Do we have any missing information?
- How are services and professionals responding to the presenting issue? Is this effective? What evidence supports this analysis?
- What is the quality of professional relationships with the family?
- Are there any factors that might indicate that services / professionals are a barrier to progress?
- Have the family been an active participant in assessment and planning processes (past / present)? Do we know what the family's views/desired outcomes are?
- Do they feel they have ownership of the outcomes detailed in their outcome-based care plan and the forms of intervention selected to promote change? What evidence supports this analysis?

Protective Factors – strengths & positive factors are there to use to impact of current situation?

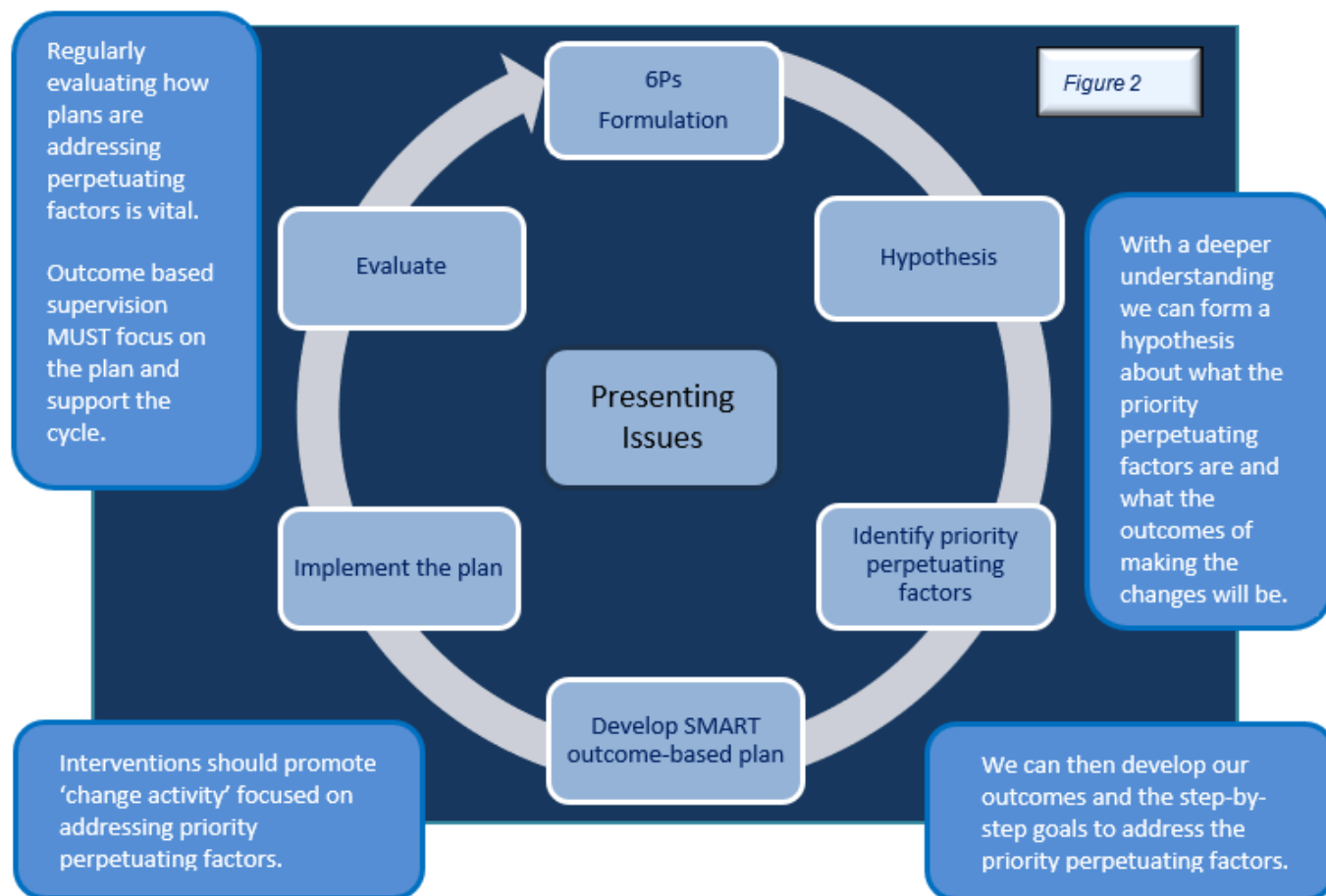
- What positives and strengths do individual family members have/apply that are protective in relation to the presenting issues? What's going well for the family? What evidence supports that these factors directly mitigate (reduce or remove) harm from the presenting issues?
- What positives and strengths do wider family/social connections have/apply that are protective in relation to the presenting issues? What evidence supports that these factors directly mitigate (reduce or remove) harm from the presenting issues?
- What existing strengths are there in and around the family that could be built on?
- What new protective factors are there that could be introduced? What evidence supports that these (predictive) factors might directly mitigate harm from the presenting issues?
- Have the family applied identified strengths in the past to similar or different presenting issues? Were they successful in promoting positive changes?
- How did the family sustain protection / improvement / change in the past and what has contributed to their requirement to need services now in relation to the presenting issues?
- What services / interventions have the family received in the past that successfully enabled the development of protective factors? What has prevented these from being maintained?

Step 2: Hypothesis Formation

Once information has been gathered and understood using the 6Ps, we can then form a hypothesis and prioritise the perpetuating factors to work on. A hypothesis is a 'working theory' of what is keeping the presenting issues going, how those factors can be addressed, and what addressing them will achieve.

A good hypothesis creates a logical link between the 6Ps formulation and next steps. It should summarise our understanding of what's happening, what needs to change and how it could be changed.

Formulating is the starting point of a circular and continuous process that guides the interventions that follow.



To achieve sustainable change, the hypothesis must focus on identifying the perpetuating factors and what might serve to reduce, ameliorate or protect against these. This can be supported through the application of the **4 Ps of Prioritisation**, which serve to enhance the process of prioritisation and aid practitioners to move from hypothesis to outcome-focused planning. They also support the practitioner to avoid having their judgement alone as the basis for determining priorities:

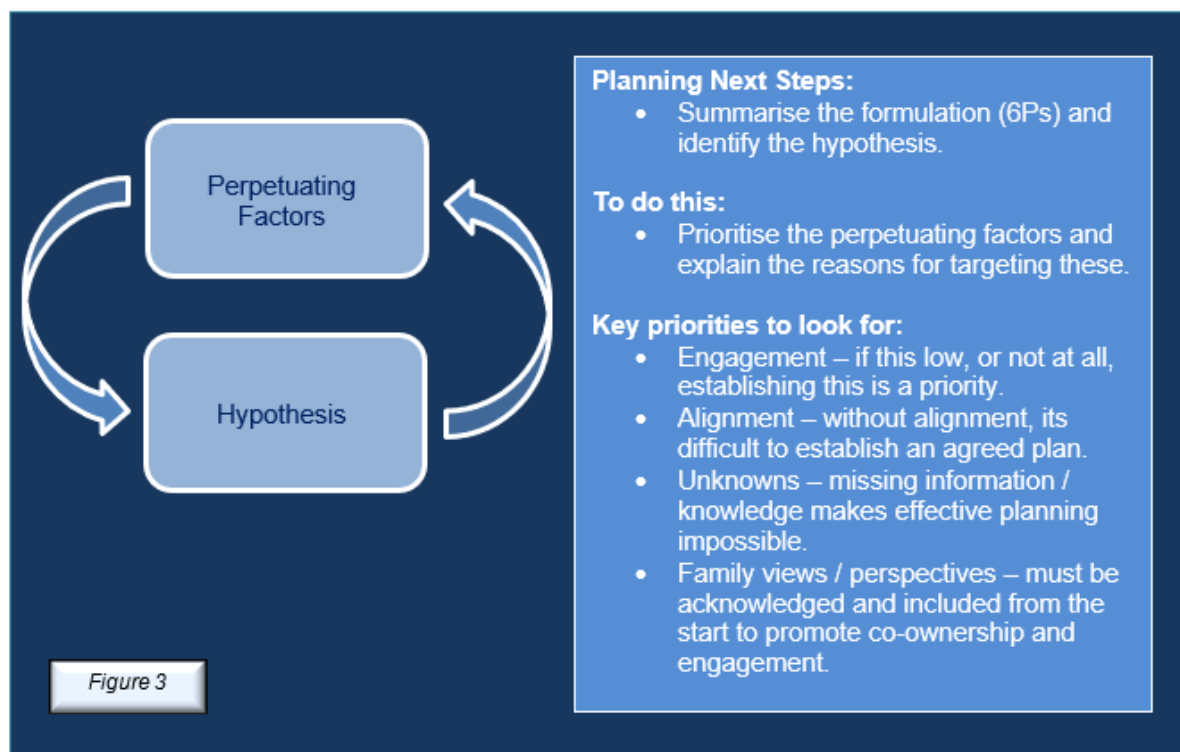
- **Prerequisites** – these are factors that must change first for progress to be initiated.
- **Powerful** – strong drivers of the issue
- **Proximal** – closely connected to the issue
- **Participant's goals** – Important to the family's desired outcomes

For a perpetuating factor to be a priority it should meet all four criteria.

Step 3: Outcome – Focused Planning

Formulation is completed with the hypothesis, or theory, of what your 6Ps evidence has told you. The next stage of the process is developing an outcome-focused plan, which incorporates **Specific, Measurable, Achievable, Realistic and Time Limited (SMART) objectives**, and the progressive next steps (**goals**) that family members and professionals

will take to support the achievement of these. **All outcomes should be aligned with addressing the prioritised perpetuating factors, and goals should be aligned to achieving those specific outcomes.**



Next steps that increase engagement and alignment, and include a family's desired outcomes, result in shared knowledge and understanding. They are much more likely to promote working 'with' the family. Overlooking such factors and jumping to interventions without these prerequisites being in place, increases the likelihood of an unsuccessful plan. For example, an intervention is unlikely to lead to sustainable change if we have been unable to engage the family or reach alignment in our understanding, the priorities and with the plan from the outset.

Note: The outcome- focused plan should be the priority focus for all subsequent conversations about children, young people and their families. This includes in the context of supervision, ICPC and initial CIN Meetings, core group meetings etc.

Step 4: Intervention (Implement the plan)

Having identified next steps that are realistic tangible actions, these should be implemented to support direct 'change activity'. Formulation is an evolving, live process. Rethink formulation should be built upon as plans are implemented with a view to deepening understanding about the presenting issues and proving or disproving the hypothesis relating to perpetuating precipitating and protective factors.

Step 5: Evaluate

Evaluating progress is a vital part of Rethink Formulation. Progress and setbacks within the intervention need to be regularly analysed and understood and this information then further informs the formulation and hypothesis. New next steps may then be developed and the circular process repeated until positive change in the presenting issues has occurred, and sustainable progress and change is achieved.

Note: All assessment, planning, intervention and review activities should be implemented within the context of the Plymouth Practice Framework, ensuring that practice is relational, restorative, trauma-informed and family-led.

Rethink formulation is an iterative, evolving process through which understanding of the 6Ps will change as new information comes to light or as the family's situation changes in responses to intervention. It is not a 'one off' process, or a box to be ticked, but a consistent and continuous way of thinking, understanding, planning and intervening.

