

Think Family

Practice Guidance

February 2024

Contents

1. Introduction	2
2. What is the Think Family approach?	2
3. Who is captured in this?	3
4. Think Family and Safeguarding	4
<i>City of London - Worried about a child?</i>	<i>4</i>
<i>City of London - Worried about an adult?</i>	<i>4</i>
<i>Hackney - Worried about a child?</i>	<i>5</i>
<i>Hackney - Worried about an adult?</i>	<i>5</i>
5. What does good practice look like?	5
6. Governance	7
<i>Appendix One - Local and National Context</i>	<i>8</i>
<i>Appendix 2: Thresholds for Safeguarding</i>	<i>9</i>
<i>Appendix 3: Checklist for Think Family in Practice</i>	<i>10</i>

1. Introduction

- 1.1 Think Family isn't a new or complicated concept. It is, however, a theme that we see raised repeatedly in both national and local reviews concerning children and adults (see Appendix 1 for more information on the national or local context). In this respect, it remains a key practice issue for us all.
- 1.2 Whatever your role and whichever client group you engage, you should always be thinking about the needs of all family members and significant others (and the potential risks they might pose). Such an approach is essential for helping and protecting everyone that you might come into contact with, although clearly, it's not just the thought that counts. Even more important is taking action.
- 1.3 So, what do we mean by Think Family? This guide, issued by our key local safeguarding partnerships, will help you understand. It provides you with a framework for best practice and advice about what you should do when working with families who need support. It reinforces our local focus on all professionals adopting a 'Safeguarding First' approach, being curious and taking the time and effort to fully understand what is going on in a family's life. It emphasises the need for all professionals to think beyond their 'job description', build relationships and work effectively as a multi-agency team across our entire safeguarding system.

2. What is the Think Family approach?

- 2.1 The Think Family approach was introduced by the Department for Children, Schools and Families (DCSF) in 2008 following the 'Families at Risk' Review. The ethos of the Think Family approach is that children's and adults' service need to work together to '*transform life chance and break the cycle of disadvantage*'¹. There are four principles that underpinned this approach:
- a. **There is no 'wrong door' to effective support and contact with services should open the door into a system of joined up support.**
 - b. **Services should take a 'whole family' approach understanding the context of someone's family circumstances and responsibilities.**

¹ <https://www.theyworkforyou.com/wms/?id=2008-01-10b.15WS.1>

- c. **Professionals working in partnership with families should understand their strengths and help them to build their resilience and capabilities.**
- d. **Systems and services should be tailored to the family's needs and situation.**

3. Who is captured in this?

3.1 The word family can mean different things to different people. Different communities and cultures will have different notions of what family means to them and this is not binary. People's experiences, circumstances and environments can all affect their view of family, and this may also change over time. The Think Family approach should be applied in the following circumstances:

- a. Families with adults and children, where joint working between adult and children services will help ensure that the need of the family members are met effectively.
- b. Intergenerational families consisting of adults (for example older parents or guardians) living with adult children who also have care and support needs, or adults who have carer responsibilities for the older relatives.
- c. Families who have multiple needs who have a range of agencies working with them.

3.2 Whilst the Think Family approach should be adopted for all children and adults, it is recognised that some families with additional needs may particularly benefit from this approach. These needs may not always be clear where you meet the individual and their family. The best way to identify this is through engagement with the individual. Exercising curiosity and asking them questions about themselves and their chosen family can help uncover wider issues.

3.3 Families with additional needs could be those where the following factors are present:

- a. Domestic abuse, intergenerational domestic abuse or violence.
- b. Serious mental health needs.
- c. Substance misuse (drugs or alcohol).
- d. Subject to or witnesses psychological abuse, coercion or control from another family member, this can be an older or a younger family member.
- e. Disability or long-term illness.
- f. Involved in the criminal justice system.

- g. Seriously emotionally and/or physically neglected.
- h. Routinely used to meet a parents/carers own needs including fabricating or inducing illness in their children.
- i. Criminally or sexually exploited.
- j. Experiencing or at risk of homelessness.
- k. Children under 18 not having their needs met or being placed at risk of harm.
- l. Experienced trauma entering the UK.
- m. A parent/carer who has a partner or ex-partner who fits into the above category.
- n. Experiencing or at risk of 'radicalisation'.
- o. Experienced a combination of the issues above.

3.4 The list is not exhaustive, and professionals should use their judgement to decide when a family has an additional need. It is important to note that not all families with additional needs will have children in the family dynamic.

4. Think Family and Safeguarding

4.1 The Think Family practice guidance works on the ethos of 'safeguarding first', meaning that all professionals should be mindful of potential safeguarding needs or risk when working with residents in City and Hackney. Whilst there is an expectation that any safeguarding concerns should be reported appropriately, we recognise that the thresholds for safeguarding adults and children are different and may require different approaches (see Appendix 2 for more information). Regardless of any safeguarding thresholds, it is better to report any concerns than do nothing, if you are worried that someone is being abused, neglected or harmed.

City of London - Worried about a child?

- Children and Families Team: 0207 332 3621 / 0208 356 2710 (out of hours)

City of London - Worried about an adult?

- Adult Social Care: 0207 332 1224 / adultsduty@cityoflondon.gov.uk
- Adult Learning Disability Service: 0208 356 7444 / 7400 Adult Mental Health (East London NHS Foundation Trust): 020 3222 8000
- Domestic Violence (Public Protection Unit): 0207 601 2940
- Substance Misuse (Turning Point): 0345 144 0050

Hackney - Worried about a child?

- Hackney MASH: 0208 356 5500 / 0208 356 2710 (out of hours)

Hackney - Worried about an adult?

- Adult Social Care: 0208 356 6262 - [ASC Request for Support Form](#)
- Adult Protection: 0208 356 5782 - [Safeguarding Adults Referral Form](#)
[/adultprotection@hackney.gov.uk](mailto:adultprotection@hackney.gov.uk)
- Worried about domestic abuse?
- [Domestic Abuse Intervention Service](#): 020 8356 4458/4459 or 0800 056 0905 (free from a landline), dais@hackney.gov.uk
- Adult Mental Health (East London Foundation Trust): 020 3222 8000 / elft.ch.spa@nhs.net

5. What does good practice look like?

- 5.1 In terms of embedding think family into practice, the partnerships have put together ten key steps that professionals should follow when working with residents.
- 5.2 Work with the individual to **understand who their family is**, and which family members or significant others should be included as part of any assessment and planning. For children, the engagement of and role played [fathers or male carers](#) should always be prioritised.
- 5.3 **Identify whether there is anyone else** in the family dynamic that requires support, this includes carers. Where another family member requires support, a referral should be made into the relevant agency.
- 5.4 **Understand legal duties** in responding to children in need and adults at risk. This means that any concerns about children are acted on and referred in line with the London Child Protection Procedures and any adults safeguarding concerns are referred in line with the Pan London Adult safeguarding procedures.
- 5.5 Exercise **professional curiosity** to ensure that all family members are safeguarded appropriately. In practical terms professional curiosity means practitioners are 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 provided to them from families, rather than just accept at face value.

5.6 **Display the following attributes** when engaging with families:

- a. Communicate in a way that suits them.
- b. Be caring and compassionate.
- c. Be trustworthy and non-judgemental.
- d. Listen to their needs and what they want.
- e. Be open and honest about what can be achieved.
- f. Advocate on behalf of the family.
- g. Be accessible; keep in regular contact and providing updates.
- h. Be assertive in identifying and reducing risk and challenging people's behaviour.

5.7 **Engage in 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.

5.8 **Proactively engage with agencies** that are working with the family and ensure that each agency is clear on their roles and responsibilities with respect to the family.

5.9 **Assign a Lead Professional** to liaise with the family. This person does not necessarily need to be a social worker but the person who has the best relationship with the family or has the most expertise in relation to the needs of the family. The Lead Professional should:

- a. Act as a single point of contact - giving the family a trusted person to support them and communicate without jargon.
- b. Coordinate services so that effective action is properly planned, delivered and reviewed.
- c. Reduce overlap, inconsistency or gaps to ensure a better service experience and outcome.
- d. Reduce the risks of trauma caused by families having to recollect traumatic experiences to multiple professionals.

- 5.10 **Work in a proactive, flexible and pragmatic way** to ensure children and adults do not fall between services and are not left at risk, particularly when agencies no longer have a role and are 'stepping down' the family's case to universal services.
- 5.11 **Understand how a person/family experiences their identity**, rather than making assumptions around this. Diversity and differences with reference to race, gender, sexuality, culture, age, disability and class, and issues relating to this should be identified and explored with the family.
- 5.12 This guidance is supplemented with a best practice checklist, found in Appendix 3.

6. Governance

- 6.1 This Think Family Practice Guidance is jointly approved and issued by:
- The City and Hackney Safeguarding Adults Board
 - The City and Hackney Safeguarding Children Partnership
 - The Health and Wellbeing Boards in the City and Hackney
 - The Community Safety Partnerships in the City of London & Hackney
- 6.2 All strategic partnerships are jointly responsible for embedding this approach within practice across the City of London and Hackney. Partner agencies will be expected to embed the Think Family Approach within their own organisations. This should ensure Think Family is embedded into service designs, structure and commissioning arrangements as well as into everyday practice. Guidance will be reviewed and updated on a yearly basis.

Appendix One - Local and National Context

National context

The '*Think Family: Improving the life chances of families at risk*² as well as multiple Serious Case Reviews and Safeguarding Adults Review highlight the challenges around ensuring a co-ordinated and holistic approach to families who are experiencing significant challenges or have complex needs. Feedback from reviews have highlighted the importance of working effectively between adults and children's services. Consequently it is important to ensure that there is enhanced collaboration between both services and efforts to bridge the gaps between children's and adults, especially in increasingly complex working environments. Failure to do this undermines the ability for professionals to effectively protect children and adults at risk, as well as their wider networks and carers.

Local context

In the City and Hackney, there have been several reviews that identified opportunities to consider how effectively a Think Family approach is adopted in both areas:

Child E: where child neglect wasn't responded to effectively and a range of lessons are identified about how all professionals need to Think Family and heighten their knowledge about how to respond to neglect.

Child H: where lessons are identified about improved coordination between adults and children's service and the need for clear pathways in responding to adults with potential learning disabilities.

Child D: where lessons are identified in respect of the response to domestic violence and abuse.

Chadrack: where lessons are identified around parents/carers being given the opportunity to disclose any information about themselves (health or otherwise) that might be relevant to the care of their child and/or relevant when responding to an emergency.

Child R: Where the male carers involved with the child weren't sufficiently explored in terms of potential risk.

Phillip: where the mental health needs of the adults could have been recognised and support offered to them as part of the safeguarding response to the whole family.

² <http://data.parliament.uk/DepositedPapers/Files/DEP2008-0058/DEP2008-0058.pdf>

Appendix 2: Thresholds for Safeguarding

Children and young people under the age of 18

[The Hackney Child Wellbeing Framework](#) is designed to help practitioners know how to respond when they have a concern about a child in Hackney. It will help you understand what type of service is required and the steps you need to take. If you are unclear about what to do or want to discuss whether a Request for Support should be made, please call the Hackney MASH on 020 8356 5500 and ask for a 'consultation'.

[The City of London Thresholds of Need](#) offers guidance on a multi-agency, whole-system approach to assessment, prevention and intervention for children, young people and their families. The guidance supports the use of the Common Assessment Framework (CAF). The document is based on a 'Continuum of Need' model. This gives consistency for professionals, sets out a dynamic and needs-led framework which, when used effectively, can match the child or young person's needs with the appropriate assessment and provision.

Adults over the age of 18

Under Section 42 of the Care Act 2014, adult safeguarding duties apply to any adult who:

- Has diagnosed or undiagnosed care and support needs (this could be an older person, a person with a physical disability, learning disability, mental health needs, long-term condition etc)
- is experiencing, or is at risk of, abuse or neglect.
- is unable to protect themselves because of their care and support needs.

Local authorities also have safeguarding responsibilities for carers and a wider duty to promote the wellbeing of the wider population.

Domestic Abuse

The [Domestic Abuse Act 2021](#) defines domestic abuse:

Behaviour of a person towards another person is "domestic abuse" if:

- a) People concerned are each aged 16 or over and are personally connected to each other, and
- b) the behaviour is abusive.

Behaviour is "abusive" if it consists of any of the following:

- a) physical or sexual abuse.
- b) violent or threatening behaviour.
- c) controlling or coercive behaviour.
- d) economic abuse.
- e) psychological, emotional or other abuse.

...and it does not matter whether the behaviour consists of a single incident or a course of conduct.

Appendix 3: Checklist for Think Family in Practice

Applying Think Family into practice	
Barrier: Failing to identify needs of the wider family	
<ul style="list-style-type: none"> • Have you spoken to the individual to understand who their family is? 	
<ul style="list-style-type: none"> • Have you explored the dynamics of the family and how this works? 	
<ul style="list-style-type: none"> • Have you assessed and managed any risk pertaining to any of the family? This could be the needs of the children, parents, significant others or any informal carers. For children, have you included their father / male carers in your work? 	
<ul style="list-style-type: none"> • Where additional safeguarding concerns have been identified, have these been reported to the relevant agency? 	
<ul style="list-style-type: none"> • Have you identified whether coercion and control may be a factor in the family relationship? 	
<ul style="list-style-type: none"> • Have you considered whether anyone in the family has specialist needs and made attempts to refer/engage with these services? 	
<ul style="list-style-type: none"> • Where appropriate, have you sought advice from counterparts in children's', adults' or domestic abuse services? 	
Barrier: Information sharing and consent	
<ul style="list-style-type: none"> • Have you had discussions with the family to discuss how their information will be used and seek consent to share information, where appropriate? 	
<ul style="list-style-type: none"> • Have you been proactive in contacting agencies who are known to the family to seek or share information? 	
<ul style="list-style-type: none"> • Where information has not been disclosed to you, have you considered challenging this using the CHSAB's or CHSCP's Escalation Protocol? 	
<ul style="list-style-type: none"> • Where you have refused to share information with an agency, are you assured that this decision was appropriate and defensible? 	

<ul style="list-style-type: none"> • Have you worked with other agencies to reduce the need for the person to repeat their story? 	
Barrier: Professional disagreements and disputes between agencies	
<ul style="list-style-type: none"> • If you are unhappy with the decision making of another agency, have you challenged this with the professional/agency in a respectful manner? The CHSCP's and CHSAB's Escalation Protocols can be used where appropriate. 	
<ul style="list-style-type: none"> • If someone is challenging a decision you or your agency has made, have you engaged with the person to consider the available options? 	
<ul style="list-style-type: none"> • Are you clear that the decisions you are making are in the best interests of the family? 	
Barrier: Achieving person centred outcomes	
<ul style="list-style-type: none"> • Have you taken steps to understand how people's culture and/or protected characteristics may impact their views, beliefs or wishes? 	
<ul style="list-style-type: none"> • Have you made efforts to discuss with the family the outcomes they want? Where it is not possible to deliver these outcomes have you been transparent with the reasons for this? 	
Barrier: Non-engagement with the individual and/or family	
<ul style="list-style-type: none"> • Have you adopted a trusted assessor approach to engagement? • Court of protection / legal options 	
<ul style="list-style-type: none"> • Have you made all reasonable adjustments to support engagement with the person/family? 	
<ul style="list-style-type: none"> • Are there any other professionals or agencies that have established a good working relationship with the person/family? 	
<ul style="list-style-type: none"> • Have you considered taking advice from a multi-agency panel or from legal services? 	
Barrier: Professional curiosity and not identifying risk	
<ul style="list-style-type: none"> • Have you reflected upon the information that you have received? Is there any information outstanding or any further conversations that 	

need to be had with the person/family?	
<ul style="list-style-type: none"> • Have you worked with other agencies involved in the person's/family's care to assess the cumulative risk posed to them? 	
<ul style="list-style-type: none"> • Is there any evidence of disguised compliance present within the family dynamic? 	
<ul style="list-style-type: none"> • Is there anyone else in the family dynamic that requires safeguarding support? Have you appropriately referred them to services? 	
<ul style="list-style-type: none"> • Have you respectfully challenged any information that does not appear correct? 	
<ul style="list-style-type: none"> • If you have any safeguarding concerns, have these been reported or acted upon? 	