



‘Think Family’ Practice Guidance



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Introduction

Safeguarding and promoting the welfare of children and adults with care and support needs is a shared partnership responsibility. We know that some families have linked complex difficulties in their lives such as learning disabilities, physical disabilities, domestic abuse, mental health conditions and diagnoses, substance or alcohol misuse. Evidence shows that traditional approaches alone cannot make the difference therefore an approach which reduces barriers, promotes accessibility and a collaborative response from services will help both children, young people and adults who need support. A 'Think Family' approach, recognises that people live as part of families, supporting each another and understand the unique circumstances of an adult or child. Identifying the strengths, resources and risks within the family helps to identify what effective support can be undertaken by the family and where additional support may be required.

This means:

- That all professionals need to remember that people rarely live in complete isolation and therefore we need to understand the needs of the wider family when we are working with a child, parent or adult.
- All professionals and services need to talk more, work together better and make sure that all the people working with children, young people and adults in a family, plan and coordinate their work.

Purpose of this guidance

This guidance is intended for all services working with children, young people and adults, and those who work with families. It sets out how services that work with adults and services that work with children and young people can work together better to safeguard children, young people and adults with care and support needs through coordinated support.

Practice

Family means different things to different people. We know that different communities and cultures consider family in different ways, and this is not static. The understanding and practice of family changes, develops and is often affected by external circumstances and environments. Therefore, it is important to explore with individuals what family means to them, and the individuals who make up their family (including blood relatives, extended family or community members).

When working with individuals you should understand their needs and wishes, understand their family support networks, consider whether family members can meet the care needs and the impact of this for the individual needing support as well as those providing the support. Understanding needs and impact will help assess whether the care is sustainable and identify areas where external support is required. When considering family networks, it is important to recognise the role and demands on young carers.

Coordinated care, which promotes collaboration between the individual, family and services, promoting accessibility through reasonable adjustment is what we aim to achieve.

Early Help

[Early-help-and-graduated-response](#)

Professionals need to be open-minded and demonstrate professional curiosity about the whole family and the support accessed and identify gaps. Assumptions should not be made that other professionals are taking responsibility for some aspects of support without having a conversation to verify this.

Communicating and sharing information with other professionals working with the family is imperative and consent should be sought for this. It is only when a full picture of the family is known that effective assessment and planning can happen.

Adults and children's workers bring different expertise, knowledge and professional experience. Joint working can therefore, significantly increase the skills and knowledge available to support a family.

Early Help support is known to improve a family's resilience and outcomes and prevent the problem getting worse. The right support, at the right time can help children, young people, vulnerable adults and their families to develop the skills they need to live happy, healthy and successful lives. Home conditions family relationships, increase educational attainment and support good mental health.

Agencies working together promotes the opportunities for a focus on whole family support, considering wider context and needs.

To understand the family in context, use [Chronologies](#) and genograms these enable us to see the ways in which an individual child or a family have functioned over time and to analyse how families have managed their own circumstances, identifying what has worked / not worked previously. It provides an opportunity to refer to other services for targeted support, preventing problems escalating and mitigates against harm.

'Think Family' Practitioner Checklist

A 'Think Family' Checklist has been developed to support this approach. The checklist should be used as a reflective tool both for individuals to use and for use within supervision. Ask yourself,

1. Have I communicated with each family member taking into consideration their individual needs e.g. language, learning, culture
2. Have I asked who are the family, and understood family members' roles and relationships to each other

3. Have I used a tool such as a cultural genogram or triangle of care to map family and support network.
4. Do I know who else lives in the household / has regular contact
5. Do I have a picture of the family as a whole
6. Have I taken all reasonable measures to discuss and gain consent to share information, offer support and/or provide services
7. Have I taken time to understand all the demands on the family
8. Have I considered the strengths of the family and what is working well or what has worked well in the past
9. Have I considered their resilience to cope with the demands they face
10. Have I considered if other family members need support
11. Have I considered if other family members are at risk
12. Have I explored caring responsibilities
13. Do I know if other practitioners are working with the family and have I liaised with them
14. Have I listened to what support the family want, from the differing perspectives of family members
15. Have I made sure the plan is family led, involves all the relevant professionals and is coordinated using a multi-disciplinary approach
16. Have I explored what their solutions may be
17. Have I been open and honest about my concerns
18. Have I made assumptions about the family
19. Have the family responses helped my decision making
20. Have I taken my concerns to supervision

Strengths Based Approach

Strengths based approaches focus on individuals' and family's strengths and not on what is not going well. Strengths based practice is holistic multi-disciplinary and works with the individual to promote their wellbeing. We know that strong families can support and improve

the life chances of individual family members. A strengths based approach builds the family's capacity to deal with current and future problems as well as supporting them to take responsibility for their own lives and their own choices.

Adults [Strengths-based-approaches/guidance](#) **Children** [Strengths-based-approaches/young-people](#)

Relationship Based Practice

Relationships between professionals and the family are important, as research shows that this relationship is key to making any necessary changes. Professional relationships should not be a barrier to safeguarding and protecting the relationship with the family should not impede making a safeguarding referral. Professional boundaries must be kept at all times.

The Right Help at the Right Time

Adults and children are the experts within their own families and know most about their own circumstances and should be encouraged and supported to help to shape their own packages of support and care. In doing this they are much more likely engage in support.

Adults and, where appropriate, children should be supported to make decisions about their own lives. Sometimes this may mean that we need to challenge families to raise their expectations for themselves, their families or their children. As professionals, we need to ensure that we are offering children, adults and their families the right help at the right time to prevent escalation of need.

Professional Challenge and Escalating Concerns

Swindon Safeguarding Partnership have procedures in place to support professionals to challenge decisions made by other professionals in relation to children and adults at risk of abuse and neglect.

[Multi-agency process for the resolution of professional disagreements relating to safeguarding protection of children escalation process](#)

[Multi-agency Process for the resolution of professional disagreement relating to safeguarding protection of adults policy escalation process](#)

Where any professional has concerns that there are increasing risks to a child or an adult with care and support needs or to both, they should follow local safeguarding procedures. The needs of both the adult and child should be considered.

Where there is an identified care and support need for an adult and a referral is made to adult services, professionals should consider the impact of this on any children living in the home and any children they may care for. Consideration should be given as to whether a referral to Children's Services is also required.

- **Right Help at the Right Time Threshold Guidance** – Swindon Safeguarding Partnership has developed this guidance to encourage an approach to working with children and their families (0-25 years) that ensures they receive the right help at the right time.

[The right help at right time threshold guidance](#)

- **Adult Safeguarding Policy and Procedures** – This document helps professionals decide whether the reason or incident they are considering referring meets the criteria for an adult safeguarding referral. The guidance contains lists of examples to support decision-making on the best course of action. The lists are not exhaustive, and the guidance does not replace professional judgement.

[Adult safeguarding policy and procedures](#)

Appendices

Appendix 1

Safeguarding Legislative Framework

- Children and young people - Children Act 1989
- Adults with care and support needs - Health and Social Care Act (2014)
- Working Together to Safeguard Children, 2023
- Care Act (2014) guidance – care and support statutory guidance

Definitions

A child is defined as anyone who has not yet reached their 18th birthday.

Safeguarding duties apply to any adult (over the age of 18) who:

- has needs for care and support (whether the Local Authority is meeting any of those needs);
- is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Appendix 2

Local Contact Details and additional Information

Children and young people

- Children and Families Contact Swindon, Telephone: 01793 464646 (during normal office hours which are 8.30am to 4.40pm Monday to Thursday, and 8.30am to 4.00pm Friday)
- The Emergency Duty Service (EDS) is available outside office hours on 01793 436699
- [Children and Families, Contact Swindon](#)

- Referral form - Request for help and support

Adults with care and support needs

Adult Social Care: Where care needs are identified by a professional, a referral to Adult Social Care should be made to enable an assessment of these needs so that appropriate care can be put into place. Contact ASC on 01793 463555 (Out of hours: 01793 436699)

- Adult Safeguarding: Where a person has been identified as having care and support needs under the Care Act, and is at risk of harm, self-neglect or abuse, a referral should be made to Adult Safeguarding.
- And referrals can be made online to the Adult Safeguarding Team Adult Safeguarding referral form and the team can be contacted on 01793 463555.

Swindon Safeguarding Partnership

Police

- Immediate risk – 999
- No immediate risk - 101

Appendix 3

Family Group Conferences

Family group conferences can be used when working with families to empower them to take responsibility for a child and to find solutions to address family and professional concerns. It is a voluntary process, and families must consent to the referral.

Children and young people are normally involved in their own Family Group Conference, although often with support from an advocate. An independent Family Group Conference coordinator will prepare the family for their meeting and explore support from extended family members and friends.

During the meeting, professionals set out their concerns and offer advice on what support could be available. Family members then have private family time to make a safe plan for the child. The family will also have the opportunity to attend a further meeting 3 months later to review their plan. Contact: FGCservice@swindon.gov.uk

Appendix 4

Supporting Parents with Additional Needs

https://safeguardingpartnership.swindon.gov.uk/info/15/for_professionals/102/supporting_parents_with_additional_needs

Appendix 5

Advocacy

The Care Act 2014 imposes a duty on local authorities to provide an independent advocate where an individual would otherwise have substantial difficulties in being involved in processes such as their own assessment and care planning.

The Equality Act 2010 imposes a duty on local authorities to make reasonable adjustments to eliminate discrimination and to advance equality of opportunity; the provision of an independent advocate may assist with this.

The Human Rights Act 1998 entitles a parent to participate fully in the process; this includes stages prior to any formal legal proceedings being initiated.

Local councils must involve people in decisions about their care and support. No matter how complex the person's needs, they are required by law to help the individual express their feelings and wishes, weigh up their options, make their own decisions.

Advocacy services help the most vulnerable to be involved in the decisions that affect their lives.

An advocate can:

- help someone express their opinions
- provide information
- help someone understand and explore their choices
- offer practical help, such as writing letters and attending meetings
- make sure the correct procedures are followed
- make sure Human Rights are upheld

All local councils must commission advocacy services and in certain situations individuals are legally entitled to an advocate. This is called statutory advocacy and there are three types:

- **Independent Mental Health Advocates (IMHAs)** - if you are being assessed or receiving treatment for a mental health condition under the Mental Health Act 1983.
- **Independent Mental Capacity Advocates (IMCAs)** - if you lack capacity to make certain decisions and there is no-one else (such as a family member or friend) who can support or represent you (including DOLS)

- **Care and Support Advocates** (Care Act) - if you have 'substantial difficulty' in being involved in assessments and decisions about your care and don't have an 'appropriate adult' to support you.

Children's entitlement to statutory advocacy is determined by virtue of their circumstances, namely their care status, physical and/or mental health needs, special educational needs and disabilities, or their position in the youth justice system.

The following list outlines the groups of children who are entitled to statutory advocacy support:

- 16 and 17 year olds who are homeless
- 16 and 17 year olds who lack mental capacity
- Care leavers
- Children and young people in custody
- Children and young people in England who are detained under the Mental Health Act
- Children and young people in receipt of social care services (including child protection) who wish to make a representation (including a complaint, and those subject to child protection processes)
- Children and young people living in children's homes
- Children in receipt of health services who wish to make a complaint
- Children who may continue to need care and support in adulthood
- Children with special educational needs and disabilities
- Children looked after and young people who go missing
- Children looked after whose care and progress are being reviewed
- Young carers

Appendix 6

Mental Capacity

The Mental Capacity Act 2005 (MCA) is designed to protect and empower individuals aged 16 and over and help to safeguard the human rights of people who lack (or may lack) mental capacity to make decisions about their care and treatment. These include decisions about whether to consent to care or treatment. This may be because of a lifelong learning disability or a more recent short-term impairment, for example due to drug or alcohol abuse and mental ill health or long-term impairment resulting from injury or illness. However, just because a person has one of these conditions it does not necessarily mean they lack the capacity to make a specific decision.

Someone can lack capacity to make some decisions (for example, to decide on complex financial issues) but still have the capacity to make other decisions (for example, to decide what items to buy at the local shop).

Principle 1

Everyone has the right to make his or her own decisions. Professionals should always assume an individual has the capacity to make a decision themselves, unless it is proved otherwise through a capacity assessment. In emergency situations, professionals should follow their own

organisational guidelines on the MCA and how to apply it in practice, e.g. police officers.

Principle 2

Individuals must be given help to make a decision themselves. This might include, for example, providing the person with information in a format that is easier for them to understand.

Principle 3

Just because someone makes what those caring for them, or in a position of responsibility for them, consider to be an “unwise” decision, they should not be treated as lacking the capacity to make that decision. Everyone has the right to make their own life choices, where they have the capacity to do so.

Principle 4

Where someone is judged not to have the capacity to make a specific decision (following a capacity assessment), that decision can be taken for them, but it must be in their best interests.

Principle 5

Treatment and care provided to someone who lacks capacity should be the least restrictive of their basic rights and freedoms possible, while still providing the required treatment and care.

https://safeguardingpartnership.swindon.gov.uk/info/13/adults/61/mental_capacity_act

An easy read guide to the MCA can be accessed [here](#)

<https://www.mind.org.uk/information-support/legal-rights/mental-capacity-act-2005/overview/>

Appendix 7

Carers

Carer's assessment

A carer's assessment is an informal discussion about the impact that caring for someone has on an individual. It can reveal a lot about how their life is affected by caring for someone and what can be done to support them.

Benefits include:

- Emotional and practical support
- Signposting to relevant services and carer groups
- Access to a carer's emergency card
- Possible access to a [carer's direct payment](#)
- Receive information specific to your circumstances and a regular newsletter

https://www.swindon.gov.uk/info/20189/carers/1360/carers_assessment

Appendix 8

Supporting Children with Parents in Prison

Each year, there are nearly 200,000 children in England and Wales with a parent in prison (MoJ, 2024). These children often face disruption to their home lives alongside the emotional distress of losing a parent. They may also experience stigma and judgement in their community, which can lead to difficulties at school and social isolation. The right support is crucial in minimising long-term harm and helping them to thrive.

The prison population has never been higher and is expected to grow in the years ahead. That means more children and young people will face the challenges of parental imprisonment. Research suggests that supporting people in prison to build and maintain positive family relationships, where appropriate, can improve outcomes for parents and children. Further information can be found here [Pact - Supporting children with parents in prison](#).

Appendix 9

Young Carers

Young carers are children who take on the responsibility of looking after someone in their family.

This could be a parent, sibling, or other family member with an illness, disability, mental health condition, or issues related to drug or alcohol use. Young carers often take on practical and emotional tasks that would typically be expected of an adult.

Identifying young carers is crucial to ensuring they and their families receive the right support and to prevent young carers from taking on excessive or inappropriate care responsibilities.

The [Young Carers Charter for Swindon](#) (PDF) has been created to uphold the rights of young carers, ensuring they have the same opportunities as other children and young people.

Developed by the [Carers Trust](#), the charter outlines the rights young carers are entitled to and recognises the vital role they play within their families.

The Carers Trust works to transform the lives of unpaid carers. It partners with its network of local carer organisations to provide funding and support, deliver innovative and evidence-based programmes and raise awareness and influence policy. Carers Trust's vision is that unpaid carers are heard and valued, with access to support, advice and resources to enable them to live fulfilled lives.