Ealing Safeguarding Adult Board
&
Safeguarding Children Partnership

Think Family
Good Practice Guide

June 2023

v2

Contents page

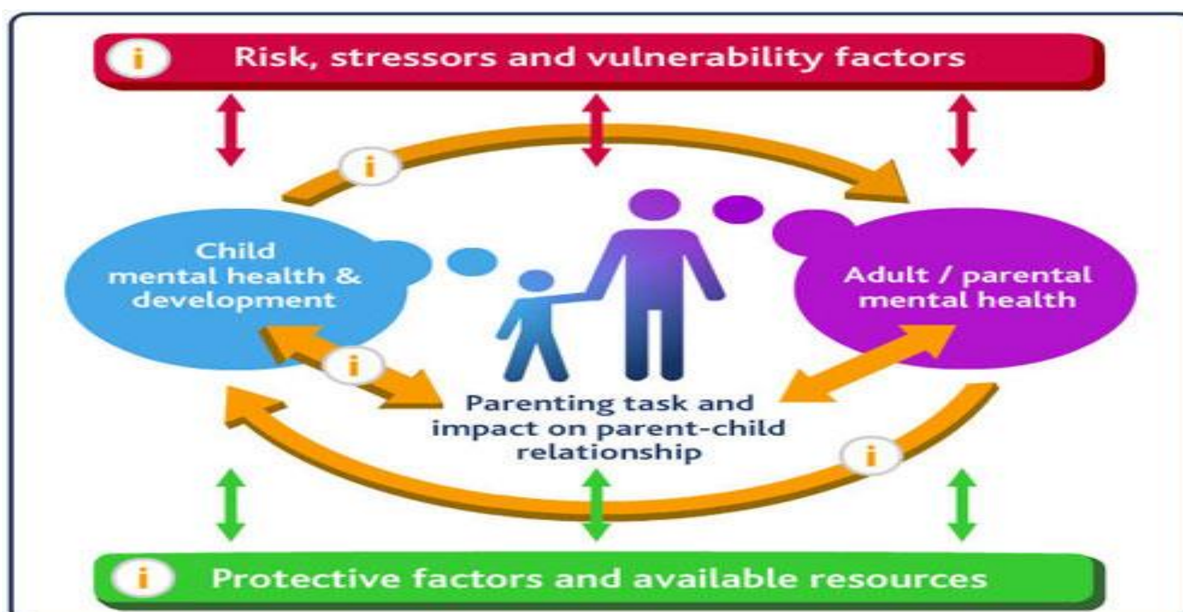
	Page
Introduction	**3**
Content	**5**
1 Think Family	**6**
1.1 Definitions	**6**
• What is family?	6
• Who is a father?	7
• What is parental responsibility and who has it?	7
• Mapping the family	8
1.2 Key life stages page	**8**
1.3 The legal perspective	**9**
2 Building relationships	**12**
2.1 Assessing needs and risk	**12**
2.2 Young carers	**13**
2.3 Think Family = Think carers	**13**
• The triangle of care	14
2.4 Impact on children	**14**
3 Stay curious	**15**
• What is professional curiosity?	15
3.1 Domestic abuse and the trilogy of risk	**15**
• Domestic abuse	15
• Trilogy of risk/trilogy of vulnerabilities	17
3.2 Family-centred approaches	**18**
• Family centred environments	18
3.3 Interagency working	**19**
• A multi-agency strength-based approach	19
• Confidentiality and information sharing	20
4 Recommendations	**21**
• What is next for organisations reading this guide	21
5 References and Authors	**22**
Appendix 1	**23**

Introduction

This guide is intended to provide key ideas for services involved with families across children and adult services within Ealing Local Authority and West London NHS Trust as well as any other relevant partner agencies. It covers how to apply Think Family principles whilst supporting individuals and how to involve their social network in both planning and assessment. We suggest that everyone has a responsibility to take a 'Think Family' approach in the context of safeguarding children and adults.

The guide is complementary to local policies and guidelines including safeguarding, information governance and data protection, which staff should follow.

The Think Family Initiative was introduced by the Department for Children, Schools, and Families in 2008 (1) following of review of 'families at risk'. This term was used to describe families experiencing multiple and complex problems, which frequently lead to poor outcomes. In a system that 'thinks family,' both adults and children services join up around the needs of the family as illustrated in model below.



Why this guide is needed:

Within Ealing Local Authority, there have been a number of complex cases reviewed by both the Safeguarding Adults Board (ESAB) and Safeguarding Children Partnership (ESCP) which spanned both adults' and children's services and the family context. These included:

- A perinatal mental health suicide (see appendix 1: 7-minute brief K)
- A suicide of a woman whose children had been removed from her care
- A parental stabbing
- A homicide of a child where the father lived overseas
- A homicide of a school age child living with mother
- An infant presentation to hospital with a significant drug overdose

Think Family means securing better outcomes for adults, children, and families by coordinating the support and delivery of services from all organisations. Neither adult or children exist in isolation and Think Family aims to promote the importance of a whole family approach, that ensures the views of all are considered. We want Ealing to be a safe and compassionate borough for all and recognise that in order to make changes that are helpful and long lasting we need to work with all members of the family, not just those facing immediate need or risk. We consider that by recognising that the needs and desired outcomes of each person in the immediate family impacts on the individuals within the family, we are more likely to achieve sustainable change.

We express our gratitude to the authors of the Good Practice Guide 'Involving and supporting partners and other family members in specialist perinatal mental health services' (Ref (2) March 2021) which served as inspiration for this document.

A note on language: to highlight the universality of this document, the guide will refer to adults, children and family members minimising the use of 'case,' 'service user,' 'patient,' 'customer,' or 'subject.'

Content

This Good Practice Guide presents three underpinning principles incorporating ten key concepts. These principles build on professional practice, whilst the key concepts add a framework to existing local safeguarding processes. We do not differentiate between professionals working within either children's or adult services and would suggest that all principles and key concepts provide useful guidance to practicing in a whole family approach.

The ***Think Family*** ethos needs to be embedded throughout services, with all practitioners focusing on ***building relationships*** and ***staying curious*** in the process.

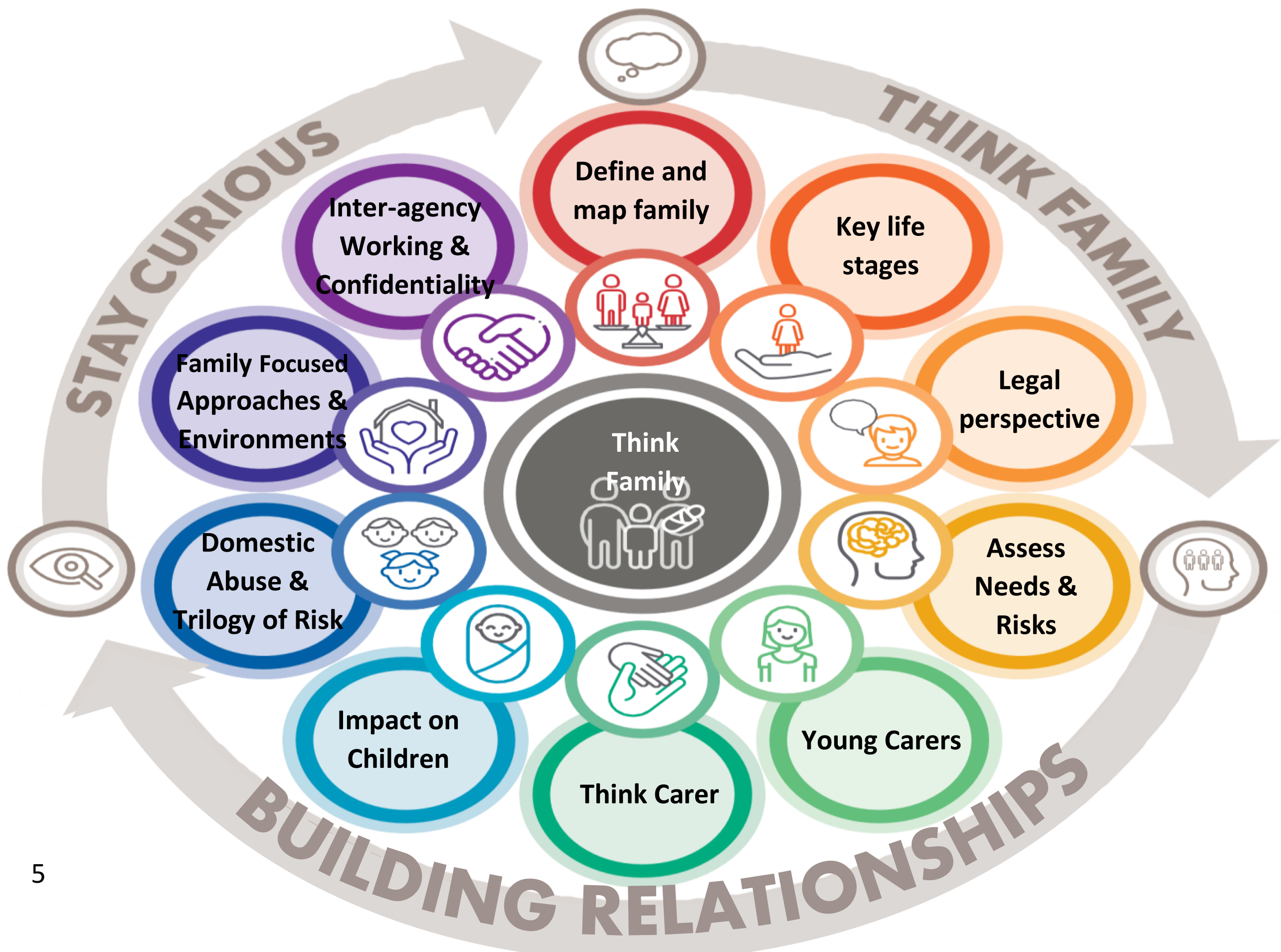
Professionals need to be mindful that what defines a family depends on the circumstances of the individuals involved, it can differ between cultures and can include people who are not blood relatives, and it is helpful to map who is involved. Think family principles cover the whole lifespan and are subject to different legal frameworks depending on the needs, risk, and safeguarding aspects.

When building relationships practitioners should not only focus on assessing needs and risks but recognise the responsibilities of young & adult carers, and the impact on children.

Professional curiosity is vital to recognise and address issues relating to domestic abuse as well as the trilogy of risk. Services should also provide interventions in a family focused approach and make adjustments to physical environments. Finally working in partnership whilst adhering to principles of confidentiality is critical.

Practice Tips for professionals are presented throughout this guide.

We conclude with a set of suggestions for what organisations can do to incorporate the Think Family ethos within their professional practice.



1.Think family

This principle requires services to adopt an ethos in their practice to be consistently family inclusive. It means considering individuals in their family context and think about the needs of the whole family. It holds in mind what affects the parents will affect their children and vice versa. This includes adult children and families where everyone is over the age of 18.

1.1 Definitions

- **What is a family?**

People rarely live in complete isolation but as part of a family who provide support for each other. We need to understand the unique circumstances and needs of the family, the strengths and resources but also identify where additional support is required. Individual needs should be looked at in the context of the who family, where individuals are seen as parents, carers, or other family members.

The make-up of families is not static, members can be added dynamically, or roles change, such as when a parent enters a new relationship, or a child matures into an adult. Not everyone will have the same perception of who is part of the family unit and should be involved in professional discussions and interventions. We need to acknowledge the aspects of an individual's social and personal identity such as race, gender, religion, and age that affect their privilege, power, or vulnerabilities in society which in turn will help us to reflect the concept of family relevant to the local communities' professionals' practice.

How to define a family?

Individuals will have their own understanding and **definition of "family"** this should be explored and respected at the outset. This may include close friends and extended family members. In addition, individuals may have a defined support network of people based on relationships of trust who they may want included in their interventions.

The family may comprise different structures with diverse experiences:

- Parental responsibility including in single, separated, and same sex parents.
- Parents who identify as transgender or non-binary.
- Other care givers such as more than two parents being identified, close friends, adult children.
- Immediate and wider family, multi-generational households
- Adult households living with vulnerabilities such as disabilities, mental health issues who may depend on each other for care

➢ Who is a father?

Refers to the person identified as the male parent. A man can be defined a parent by the biological connection with the child, law or regardless of biological connectedness or parental responsibility.

The myth of the invisible man – insufficient attention is given to engaging men and enabling them to be active and confident fathers. We need to routinely check in with dads the same as they do with mums. All services need to do more to 'see' men, including those who want to be involved but are excluded. Equally, the structures of gathering knowledge may enable those men who might pose a risk to hide in plain sight. Research findings have identified factors which increase the risk of harm from fathers which include adversity in childhood as well as the trilogy of risk. It is acknowledged that managing male aggression, intimidation, threats, absenteeism to avoid their responsibilities can present a challenge to professionals. This can lead to non-involvement and binary judgements of fathers (3). Managers play a key role in exploring the fears that might affect practitioners and have quality assurance system in place of how men are seen, understood, and engaged.

Engaging Fathers

Birth fathers may cohabit with mother and child, but practitioners should also be mindful of identifying fathers not living with the child as well as new male partners in the household

- **Be explicit** with mothers about the importance of speaking to the father and including him in the process whist also ensuring that she would not be put at risk
- Speak separately to the father rather than gathering information solely through the mother
- Arrange separate home visits if necessary to explain the relevance of his involvement with the child, communicate a willingness to include him in decisions (4)
- Consider all the environments where the child lives or is cared for such as different homes between both parents, foster or residential care, school, or hospital

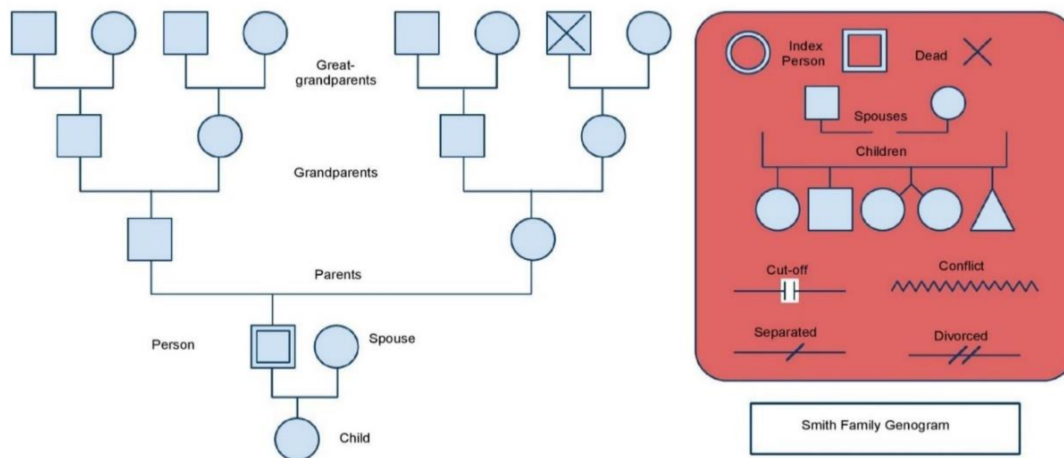
➢ What is parental responsibility and who has it?

- A mother automatically has parental responsibility for her child from birth.
- A father usually has parental responsibility if he is either:
    - married to the child's mother
    - listed on the birth certificate after 1st of Dec 2003
- You can apply for parental responsibility if you do not automatically have it. You need to be connected to the child, for example as their father, stepparent, or 2nd female parent.
- More than 2 people can have parental responsibility for the same child.

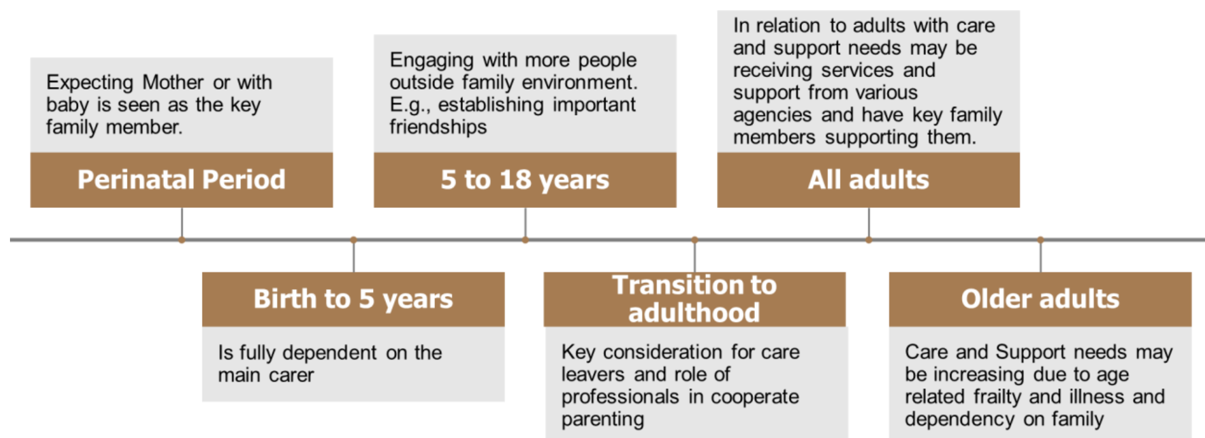
Mapping the Family

This provides an opportunity to consider any relevant family members' interpersonal exeriences, including experiences of traumas such as loss and abuse. Professional should ask questions about the the family system on initial contact and in regular intervals in case those relationships change. Be aware of victim survivors of domestic abuse not wanting the abuser to be involved or feeling conflicted where coercive and controlling behaviour features in the relationship.

Tools such as genograms below can be a useful to start a conversation and map the family system. The help to visualise not just the relationships but also the psychological factors that puntuate interactions such as ilnesses, conflict, seperation or death.



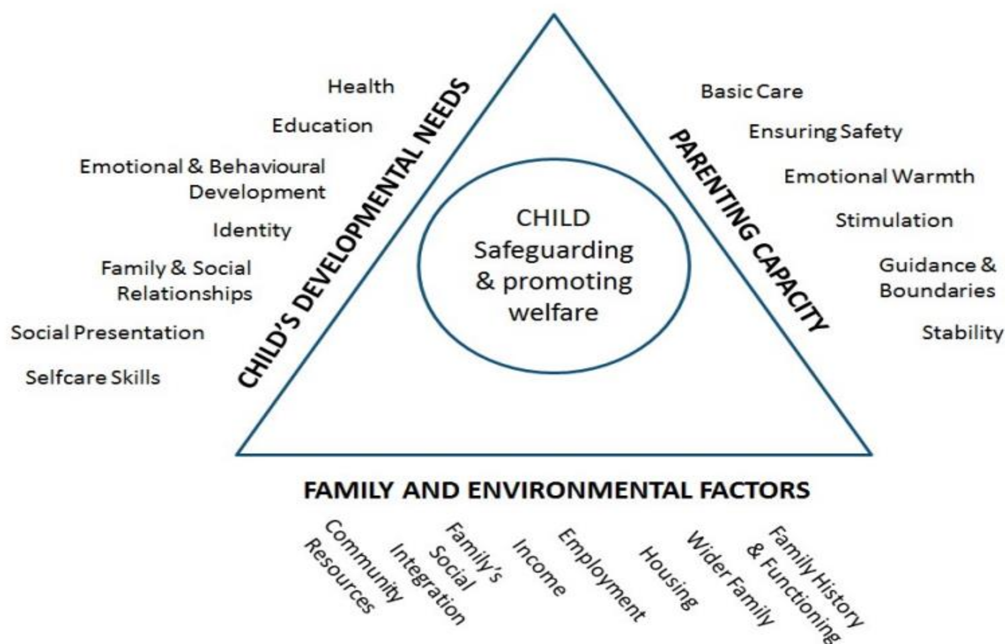
1.2 Key Life Stages



Support for mothers with mental health issues, Perinatal Period: When a mother experiences a moderate or severe perinatal mental health disorder, the whole family is affected. Perinatal Mental illness is a significant complication of pregnancy and the postpartum period. These disorders include depression, anxiety disorders, and postpartum psychosis. Mental health issues can impact on a mother's ability to bond with her baby and be sensitive and attuned to the baby's emotions and needs. This can affect the baby's ability to develop a secure attachment. Pregnancy and having a new baby are also considered increased risk factors in families where mothers are at risk of domestic abuse.

Birth to 5: Distinctive attachment pattern emerge at around 12 years old. Toddlers aged 1-3 years of age will seek comfort from a care giver when distressed and settle relatively quickly when soothed. Young children from age 4 onwards can form friendship and be relied on by others, as well as seeking comfort from carers if securely attached.
Information regarding the child's needs is most likely to be obtained from the main carer but also health visitor, early years' services, and primary care GP. Triangulation of information gathering is reliant on professionals outside the home to observe and collate information as the child's verbal communication is still limited.

The Working Together Assessment Framework suggests a conceptual model to deliver comprehensive assessments for children (5).



Ages 5 to 18: The child enters formal education, either mainstream or specialist provision. Professionals should ascertain if children are educated at home instead. Practitioners should consider the child or young person's voice and their lived experiences in order to have a better understanding of what help shape their identity and understanding of the world around them. Practitioners need to be aware of contextual safeguarding issues outside the family home for young persons, such as sexual exploitation and youth violence.

Transitional Safeguarding: an approach to Safeguarding adolescents and young adults fluidly across developmental stages, preparing young people for their adult lives. The focus is on recognising the journey, rather than a single event and emphasizes a needs-led, personalised approach, where every young person will experience this journey differently. This requires practitioners to work together and think beyond the child and adult silos by creating opportunities for more flexible, creative support. Hereby a focus on eligibility criteria at the expense of preventative work can result in young adults not receiving help to stay healthy and safe because they do not have formally defined care and support needs. Curious, tenacious,

relationship-based practice is important in overcoming these barriers. We would argue that following transitional safeguarding approaches aligns perfectly with Making Safeguarding Personal in its emphasis on being person centred and rights based (6).

All adults: For those aged 18 to 65 vulnerability is related to care and support needs such as a physical disability, mental health disorder, learning disabilities, long-term illnesses, and substance dependency issues. Individuals may not necessarily be in receipt of formal care but should still be considered within the Think Family Framework.

Older Adults: Increased frailty and dependence puts adults at increased risk due to decreased ability to defend themselves, protect themselves from fraud or scams, or their basic needs being neglected as a vehicle for abuse. Illness may impair the ability to recognise and respond to risks associated with domestic abuse. The impact of domestic abuse is acute where the abusive partner is also the main carer due to considerable power and control.

1.3 The Legal Perspective

Practitioners should aim for basic legal literacy on the main statute involving families. This list introduces relevant Acts, but professionals should extend their knowledge in area specific to their work.

- **The Children Act 1989** shifted the legislative focus on valuing children as individuals with their own rights and interests. It centres on the idea that children are best cared for within their own families but makes provisions for instances where parents do not cooperate with statutory bodies. It states that the welfare of the child in paramount.

  S17 introduced the duty for each Local Authority (LA) to safeguard and promote the welfare of children who are assessed as being in need such as having a disability.
  S47 places a duty on LAs to investigate if any child in their area is suffering or likely to suffer harm and subsequently take steps to safeguard them.

  This act also refers to Children looked after by the LA if he/she is accommodated by the LA for more than 24hr. Children can become Looked After voluntary agreement with parents or following a care order. Depending on the circumstance Parental Responsibility is mainly jointly shared between parents and the LA.

- **The Children Act 2004**
  The Children Act 2004 places duties on a range of organisations, agencies, and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children

  The children's needs and safety are paramount. Early intervention and support should also be considered for a child who may present (list not exhaustive).

- Is disabled and has specific additional needs, such as education
- Is a young carer
- Is showing signs of being drawn into anti-social or criminal behaviour
- Is at risk of modern-day slavery, trafficking, or exploitation
- Is at risk of being radicalised or exploited
- Is in family circumstances presenting challenges for the child, such as drugs, alcohol misuse, adult mental health issues, domestic abuse
- Is misusing substances themselves

- **The Care Act 2014** s42 requires local authorities to make enquiries, or ask others to make enquiries, when they think an adult in their area with care and support needs may be at risk of abuse or neglect, and where the adult is unable to protect themselves due to those needs for care and support. This duty applies irrespective of whether the local authority is providing a service.

  Often adults continue to live and or be supported by their family, friends, and close networks and this is a key feature to incorporate in any assessment being undertaken. Adults with learning disabilities in some situations continue to reside with their families or move back home after having lived away.

  The Care Act 2014 requires local authorities to consider a person's own strengths and what support they have within their own networks. Assessments are required to be holistic, maximising people's strengths and internal support networks. As well as assessing the needs of the person with care and support needs subject to s9 local authorities should also offer an assessment of a carer which looks at the impact of being a carer and could provide support and advice on the carers entitlements to benefits and other sources of help as per s10 of the Act.

- **The Mental Capacity Act 2005** provides principles which Safeguarding Adults enquiries must always consider, whilst adopting a person-centred approach involving the adult and promoting their choice and control wherever possible. It is good practice - unless there are obvious reasons for not doing so - to work with the carer, family, and friends of the individual and this should always be with the consent of the individual. If the person lacks the mental capacity than the Mental Capacity Act should be followed to ensure involving family, friends or sharing information is in the person's best interest.
- **The Domestic Abuse Act 2021** created a statutory definition: any incident or pattern of incidents of physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional, or other abuse between those aged 16 and over who are personally connected to each other.

- **The Data Protection Act 2018** guides organisations to be mindful of the need to comply with the General Data Protection Regulation (GDPR), the Common Law Duty of Confidence and Human Rights Act 1998.

- **The Equality Act 2010** provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. It protects individuals from unfair treatment and differential services or 'conscious/unconscious bias

from any public bodies. Consideration should be given to the nine protected characteristics in advancing equality of opportunity: Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Sex, Religion or belief, Sexual orientation.

- **The Human Rights Act 1998** incorporates the European Convention of Human Rights into British legislation. Article 8 protects the qualified right to private and family life.

2. Building relationships

This principle centres on the interactions between practitioners and individuals. These interventions are not limited to the assessment of needs and risks, but these factors are key to effective safeguarding processes. When building relationships with the individual who is being offered care, professionals should also consider needs of young and adult carers as well as impact of any interventions on children.
It is important to remember that individuals at any age may not identify with the term carer. A strengths-based approach promotes a focus on what is their experience, what is important to them and who they consider their support network to be. A formal carers assessment subject to the Care Act may be helpful in facilitating access to support services including young carers options.

2.1 Assessing needs & risk

Each agency has a responsibility to identify and refer children and adults in need and at risk as per the statutes above. Every partner agency has their own policies for recording need and risks as well making referrals to the Local Authority.

- Ask about the family and roles of members as defined by the person. Record contact details.
- Assess persons needs and needs of key family members and significant others (includes health needs, disabilities) building on their strengths. ‘What is strong’ instead of ‘what is wrong.’
- Be specific about fathers and their roles, link children and father on databases.
- For under 18s establish all persons with PR including Looked After Children, foster arrangements.
- Explore culture and impact on family roles.
- Include the family environment such as housing, income including outside family home.
- Always ask for consent to involve family and consider circumstances for not contacting them.
- Assess the impact of parental/adult risk factors in children. Remember to give prominence to the voice of the child.
- Highlight risk identified in records of all key family members. Consider consent where appropriate.
- Consider if adult family members are in adults in need of safeguarding. Ascertain their expectations and wishes = Making safeguarding personal.
- Consider the risk a young person’s behaviour raises towards other adults.
- Share information including safeguarding concerns with other professionals including police where indicated.

a) The impact of the person's needs on the young carer's wellbeing, welfare, education, and development; and
b) Whether any of the caring responsibilities undertaken by the young carer are inappropriate

- Examples of care provided may include household tasks, emotional support – ''sitting with family member'', personal care, caring for siblings, medication management
- Is the child's school involved or aware of what is happening? Do they or could they offer sensitive support.
- Encourage the person being offered services to explain their health condition to their child (or allow professional to do it) Explain that lack of knowledge may be more damaging to the child than age-appropriate information. Contact Children's Social Care for advice. Remember that some young carers and their families are reluctant to admit their role and fearful of seeking help, but they would value sensitive support (7).

2.3 Think Family = Think Carers

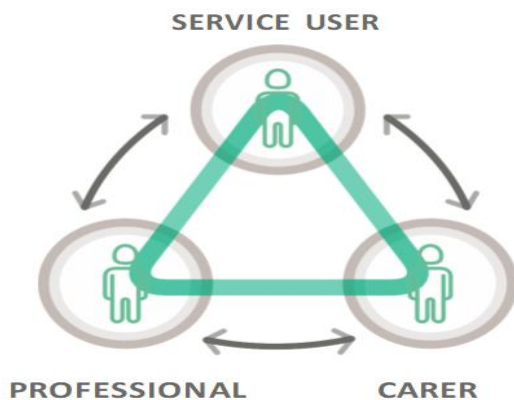
- The role of family or other informal carers has been highlighted as crucial in addressing safeguarding issues.
- The term 'carer' may carry negative connotations, which may prevent some partners and other family members from identifying as 'carers' but recognising their role as a carer may be a way to access additional support.
- Anyone over 18 who provides necessary care to another adult, where the role has an effect on them and there is a significant impact on their wellbeing (or likely to be) is eligible to be offered a Carers Assessment subject to Care Act 2014
- Carers may witness or speak up about abuse or neglect from others including professionals in contact with the family.
- Carers may experience intentional or unintentional harm from the adult they are trying to support or from professionals.
- Carers may unintentionally or intentionally harm or neglect the adult they support.
- Key responses from services should include:
  A) Information & Advice including access to services, benefits
  B) Partnership working when evaluating services and managing complaints
  C) Access to Advocacy
  D) Prevention to minimise the risk of carer 'burnout'
  E) Support including Carers Assessments and support groups
  F) Role of carers in strategic planning for services

- ✓ **The Triangle of Care**

This standard describes good practice on involving the family network in the planning and provision of care.

There are six key considerations which organisations should incorporate into practice:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter. Their details should be recorded on database.
2. Staff are 'carer aware' and trained in carer engagement strategies
3. Policies and practice protocols regarding confidentiality and information sharing are in place
4. Defined post(s) responsible for carers are in place
5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway
6. A range of carer support service is available



Carers are sometimes the only constant in an individual's life and often understand their loved one's needs and condition better during a crisis. When provided with the right information and support early on, carers are more likely to have a healthy relationship with the person they care for.

2.4 Impact on Children

- Consider the impact of any difficulties the parents/carers or pregnant women may have on their ability to meet the needs of their children or unborn child, i.e., a mental illness, a drug and alcohol problem, a learning disability or adults who are victims or perpetrators of domestic violence.
- Consider the impact of the parents or carer's illness / disability / situation on their ability to meet the development and safety needs of their children and/or unborn child
- Consider the impact of family functioning, family history, the wider family and environment factors on the parents'/carers' capacity to respond to the children's/unborn child's development and safety needs
- Which other agencies are involved and what are their role(s)?
- Discuss the need for additional support or making a referral to another organisation with the parents, carer, or pregnant woman's consent
- Any concerns about the children's/unborn child's well-being or safety; any action required to safeguard and promote their welfare
- Is there an identified lead professional been identified to undertake an Early Help Assessment (when it is appropriate) and information shared to avoid duplication of assessments?

3. Stay curious

This principle is about thinking inclusively about family formations, being open minded as to who is important to the individual in question. It requires professionals to be aware of cultural considerations, such as how families view the service on offer. It also prompts professionals to consider their own cultural assumptions and competencies to address inequalities.

➢ **What is Professional Curiosity?**

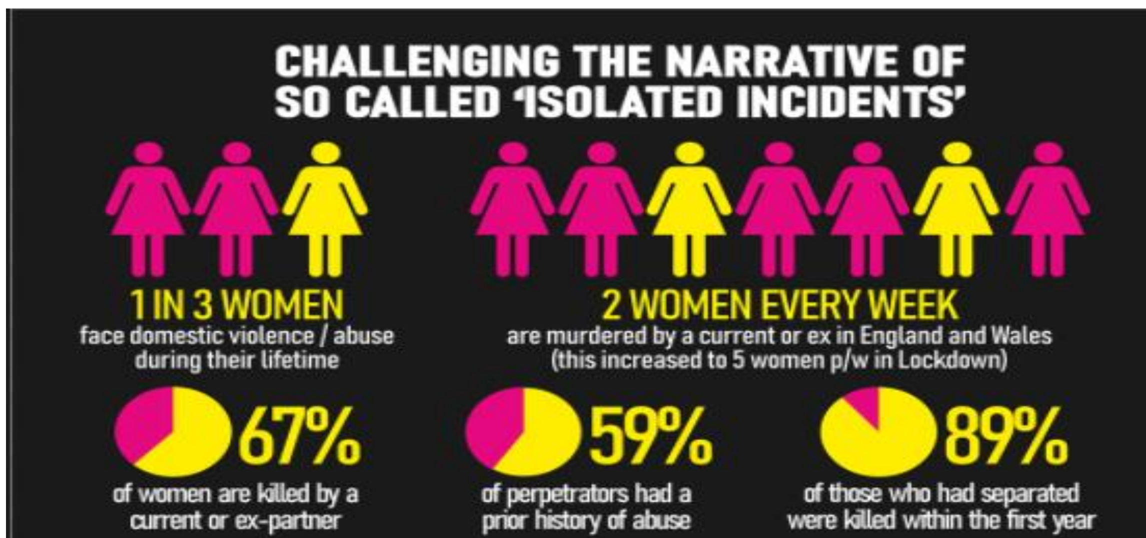
- A combination of looking, listening, asking direct questions, checking out and reflecting on information received. Not taking a sole source of information and accepting it at face value. Triangulation of information from various sources.
- Question your own cultural assumptions & unconscious biases such as the role of men within the family or cultural inequalities. Rrecognize your own feelings.
- Demonstrate a willingness to have direct or difficult interactions when this is necessary. Who is present? Address any professional anxiety about how hostile or resistant families may react, expect the unexpected (8).
- Appreciate that respectful skepticism and challenges are healthy – it is ok to question what you are told. Recognize disguised compliance where individuals appear to be cooperating with professionals. Guard against over-optimism.

Think the Unthinkable- Professional Curiosity
Be aware of disguised compliance
Always consider Voice of the Child/Vulnerable Person

3.1 Domestic Abuse & Trilogy of Risk

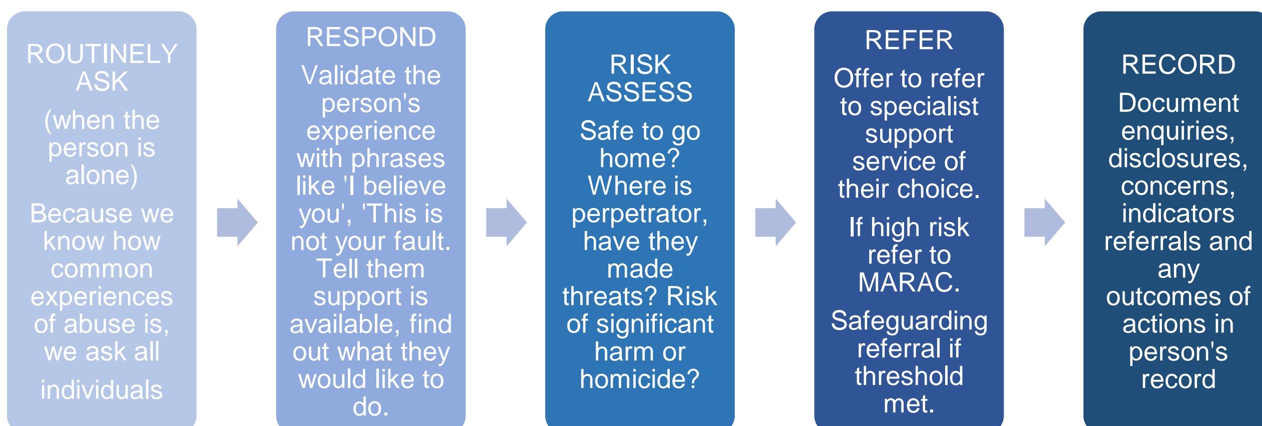
✓ **Domestic Abuse**

- Domestic abuse should be viewed wider than physical assault and includes coercive and controlling behaviour as well as financial abuse (Domestic Abuse Act 2021).
- Perpetrator may include partners and ex-partners, but professionals need to also consider interfamilial abuse such as from an adult child to a parent.
- Whilst both men and women may experience incidents of interpersonal violence and abuse, women are considerably more likely to be subjected to repeated and severe forms of abuse, including sexual violence. This type of abuse is a gendered crime, which can also occur in older age population.



www.kaleidoscopic.uk

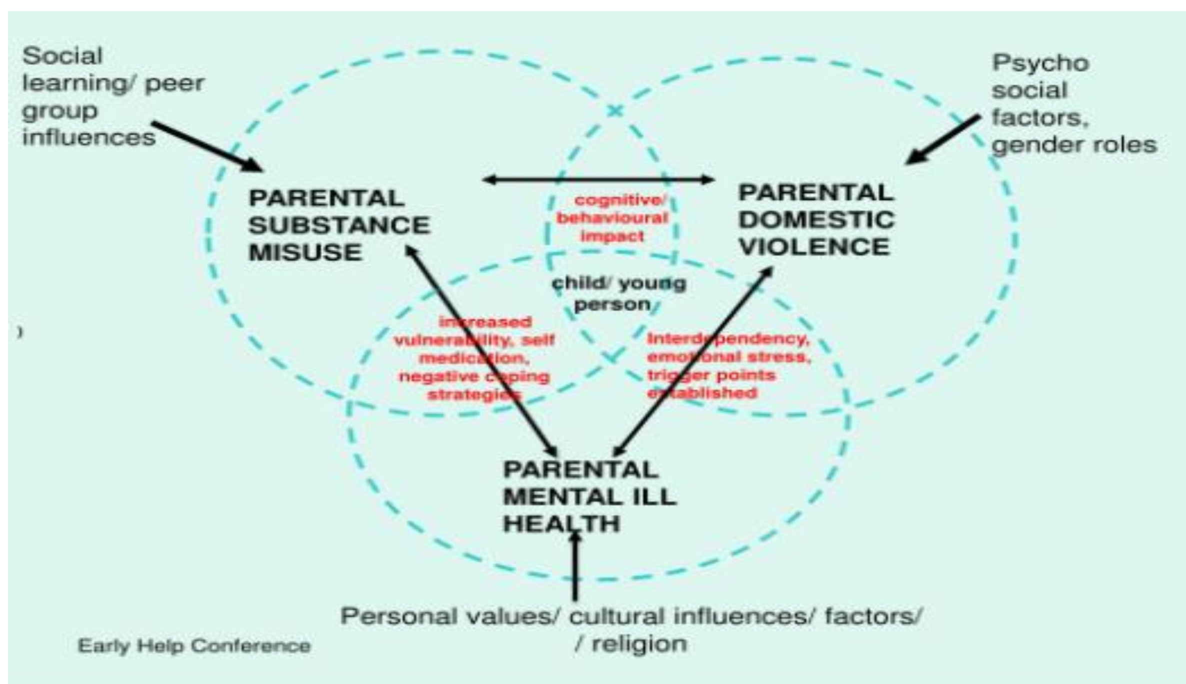
- The 5 R's Response Model reflect a recognised standard of routine enquiry and response to domestic abuse.



- Ask individuals routinely about domestic abuse on assessment and reviews. The purpose is to encourage them to talk about their relationships with their partners and/or other family members.
- Examples include: Do you feel safe, scared, controlled, nervous, walking on eggshells? Has a partner or family member ever threatened you or others including children?
- Label/name the abuse as domestic if you discover it.
- There is a Universal responsibility for Health Professionals to undertake routine enquiry, assesses safety risk and offer referral to specialist services has been highlighted (9)
- Use tools such as Duluth Power and Control Wheel below to raise awareness with individuals.

✓ Trilogy of risk / Trio of vulnerabilities

- This refers to the presence of Alcohol/Drug misuse, domestic abuse, and mental ill health in the family.
- Originally coined as the 'Toxic Trio' but this term has increasingly been seen as stigmatising.
- The issues often co-exist, and a clear link has been identified between the trilogy and an increased risk of abuse and neglect.



3.2 Family-centred approaches

- A way of working in partnership with families to better understand their circumstances, and to help parents decide what strategies will best suit their children and families
- Support works best when you understand each family's individual goals, expectations, values, and everyday life.
- Parents know their children and their family best.
- All families have strengths, we learn and grow best when we use them.
- Children's wellbeing and development depends on the wellbeing of all other family members and of the family as a whole.
- Family wellbeing depends on the quality of informal social supports and the availability of formal support services.
- Be culturally and linguistically sensitive and responsive to diverse kinds of families including rainbow or same-sex families, blended and co-parenting families. This may involve offering services that are available in different languages, are free to use and so on
- Base services on what families and children want and need. The best way to learn this is to ask. For example, if a parent says that they want more time with their child, suggest services with plenty of parent-child interaction.
- Be flexible in how you provide services, thinking about what is most useful to each individual family. For example, some families might like face-to-face support, and others might prefer online support.
- Work with families to build a network of informal or community supports and resources. For example, if you connect new parents with a new parent's group, they might need less formal support.
- Build your connections with other mainstream and specialist child and family services so you know where to point families

Family Centred Environments

Services are delivered in a range of hospital and community settings. Small changes to the environment of the setting can make a big difference to whether partners and other family members feel welcomed, included, and involved.

Physical facilities
Check all aspects of the setting: reception area, waiting, area, toilets, and appointment rooms.
Are families given details about how to get to the building?
Can the building, waiting area, rooms be easily accessed with a buggy or by those with impaired mobility?
If buggies cannot be brought inside, is there a safe, covered area outside where they can be left?
Are there changing tables, nappy bins, toys, and books for different ages, including older children?
Are there inclusive toilet facilities?
Are there enough comfortable chairs in waiting area/clinic rooms for multiple family members?
Are there places to charge a phone and information about possible Wi-Fi access?

Information and notice boards
Do posters and leaflets have positive images of partners with their families?
Do they include different types of families and people from diverse cultural backgrounds?
Are siblings and grandparents included?
Do notice boards have information about local and national services and support for partners and other family members? Is this up to date?
Does this information include details about support available to carers?
If the family live out of the area, is there information on where they can find out about their local services and support available?

3.3 Interagency Working

It is acknowledged that within the multi-agency network professionals using this guide have different roles and responsibilities when safeguarding both adults and children. However, within the Think-Family ethos, consideration should be given by staff involved to addressing these queries:

- Do you understand the relationships within the family especially where parents, carers and relevant ex-partners are involved with services?
- Have you checked whether there is relevant historical evidence of previous contact with drug and alcohol/ mental health/ forensic services and police/ Youth Offending Team/ Probation services for parents/carers/partners and ex-partners?
- Are professional boundaries flexible so children and vulnerable adult do not fall between services and are not left at risk?
- Have you recorded relevant information in writing, e.g., when clarifying concerns by telephone between service areas?
- When working with an adult service user, have you considered the impact of any caring responsibilities on the child, young person, or other adults within the family?
- Have you identified all the agency safeguarding leads for the children/adults within each of the organisations known to be involved in the case?
- Have you consulted with Primary Care/GP, Health Visitor, Domestic Abuse Lead, Multi-Agency Safeguarding Hub, Paediatrician/Designated Doctor for Child Protection, Adult and Child Psychiatric Services, Supervisor/Team Manager?
- Are you working well with other practitioners ensuring that multi-disciplinary assessments, reviews, and care plans are considered, shared, and recorded on the individuals file?
- Have you considered the longer-term needs and capabilities of the family when considering eligibility for services, rather than the existence or absence of incidents?
- Is the purpose of a referral to another team clear? (7)

✓ **A Multi-agency strength-based approach**

There is clear evidence to suggest the wellbeing of children, vulnerable adults and their families is best approached through a multi-agency approach. By professionals working together and thinking about the following when meeting an individual may help strengthen better outcomes which are family focused and draw on the individuals' strengths.

- How are the needs and behaviour of the individual impacting on other family members?
- Are they a parent, do they need support in their parenting role?
- Is the child a young carer and what kind of care are they providing?
- Is there an adult at risk?
- Have other members of the family, including children and vulnerable adults been offered an assessment/support?
- What can be done to help the family as a unit?
- What other services could support the family?
- Who is the lead practitioner?

Working Together to Safeguard Children (2018) defines the role of the lead practitioner and recognises interagency working is essential to safeguard and promote the welfare of children. Adult Safeguarding recognises it is everyone's responsibility promotes wellbeing and through the safeguarding s.42 process a coordinated response to the issues should be adopted involving all those who can offer support and impact on reducing risk.

✓ **Confidentiality & Information Sharing:**

- In the context of adults the Care Act emphasises the need to empower people and balance choice and control for the individual against preventing harm and reducing risk. Sharing information and consent are covered by common law duty of confidentiality, Data Protection Act 2018, General Data Protection Regulation (GDPR), Human Rights Act, Crime and Disorder Act and Mental Capacity Act.
- If a person refuses consent to share their information this should be respected, however it can be overidden in situations such as they lack capacity in accordance with the Mental Capacity Act or there is risk to themselves and others.
- Gain the informed consent of any adults you would like to refer to another agency. Assess mental capacity to consent to information sharing and follow local safeguarding procedures and Mental Capacity Act best interest decision process if lacking.
- Gain the informed consent of parents before sharing information about them and their child, or unborn child, for early help or safeguarding services.
- Consent should be in writing where the information is particularly sensitive, for example, about the mental health of the adult. Verbal consent should be recorded in case notes. Adults, and children who are old enough, must understand why this information is needed and who it will be shared with.
- Professionals are expected to inform parents they are making a safeguarding referral unless such discussions will place the child at increased risk of significant harm or cause further significant harm. Where the decision is made not to inform parents about a referral, the reason for this should be recorded on the child's file.
- Ensured that information disclosed without consent is relevant and only disclosed to those professionals that need to know. Record any reasons for disclosure and consider the proportionality of disclosure against non-disclosure.
- Refer to the organisation's procedures on 'Information Sharing' when dealing with a safeguarding incident. (7)

Recommendations

What do I need to do as a practitioner?

- Identify personal training needs, what is your legal literacy outside your core expertise?
- Share this guide & ideas with colleagues and in team meetings
- Connect and develop relationships with services which support Think Family practice
- Discuss a case involving professional curiousity in supervision
- Update the details in family members you work with on your database

What is next for organisations reading this guide?

- Create policies that support the Think Family Approach with the understanding safeguarding is a shared responsibility.
- Create opportunities to listen to services users and to learn from their experience Provide cross-organisational training for professionals on family assessments.
- Include Think Family principles in safeguarding training.
- Develop IT systems that support recording of family network details and engagement of men in a household.
- Create a physical environment that is welcoming and inclusive of all family members
- Employ men as staff members in varied positions and in significant roles
- Policies that promote good information sharing between professionals and organisations
- Think Family Front door to Social Services - ‘’No wrong door’’
- Use a language that involves fathers/men and non-traditional family compositions
- Agree escalation processes to resolve issues
- Incorporate routine enquiries into domestic abuse into all assessments and reviews conducted by practitioners

References

(1) Social Exclusion Unit Taskforce (2008) Families at Risk Review: Background Analysis & Reaching out: Think Family, London, Cabinet Office

(2) Involving and supporting partners and other family members in specialist perinatal mental health services Good Practice Guide 2021 University of Leeds/King's College/University of Surrey/South London and Maudsley NHS Foundation Trust

(3) https://www.communitycare.co.uk/2018/02/19/working-fathers-key-advice-research/

(4) The Myth of the Invisible Men – The Child Safeguarding Practice Review Panel – 2021

(5) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children 2018 HM Government

(6) Bridging the Gap: Transitional Safeguarding and the Role of Social Work with Adults – DoHSC, published 3rd June 2001

(7) Think Family Protocol Warwickshire Safeguarding Adults available at Think Family Protocol (safeguardingwarwickshire.co.uk)

(8) Worcestershire Safeguarding Learning & Improvement Briefings. No 9 Professional Curiosity available at https://www.safeguardingworcestershire.org.uk/learning-development/training-c/learning-improvement-briefings/

(9) Department of Health & Social Care 2017 Responding to Domestic abuse: a resource for health professionals

Authors

Anthony Bellamy – Social Worker, Children's services, London Borough of Ealing Local Authority

Sophie Shah – Safeguarding Adults Coordinator, London Borough of Ealing Local Authority

Tendayi Sibanda - Designated Nurse, Safeguarding Children, NW London CCG

Wenke Hanus - Named Professional Safeguarding Adults, West London NHS Trust

Minute Brief – K

Appendix 1

1 Background

ESAB conducted a joint practitioner workshop with ESCP, with input from Essex Partnership University Trust's Service Manager peri-natal MH Community Services and the Assoc Dir Safeguarding. The workshop looked at the case of a 31-year-old mother of a 4-month-old baby, who jumped from a third-floor block of flats in 2020. The mother had a number of interactions with her GP, health visitor and breast-feeding advisor, on each occasion reporting her concerns relating to her daughters feeding, whether she was feeding well and getting enough milk. During an appointment with the health visitor the mother reported sleep difficulties advising that it had been 10 days since she had slept properly. In the last appointment at the UTC with a GP the mother's presentation was tired and anxious, she may have played down her issues because of concerns regarding the stigma of mental health in her culture.

2 Safeguarding concerns:

- Peri natal mental health and the prevalence of difficulties
- Understanding risk
- Understanding the link to suicide
- Themes from national learning
- Assessment and red flags in a woman's history
- Understanding urgency vs Routine presentations
- The importance of understanding culture and circumstance
- Practice themes in clinical care

3 Key lines of enquiry:

- GP
- The role of primary care Peri natal MH - understanding the pathway
- The interplay between adult and children's services
- Professional hierarchy
- Listening to each other

4 Findings / emerging themes:

- **The cultural issues and stigma associated with mental health concerns.** Mental health difficulties carry with it a stigma, exacerbated in some instances by culture and ethnicity. This may in turn lead to concerns being minimised or played down, which compounds the challenge in assessing risk appropriately.
- **Understanding fully the role of history and its current impact.** The impact of adverse experience is important to understand, in relation to the impact on current circumstances.
- **Use of interpreters, the challenges of using family members.** Using interpreters to understand the real experience of individuals is important. Availability & accessibility can sometimes be an issue in urgent situations.
- **Understanding the significance of multiple interactions with professionals.** Effective collaboration is key to effective safeguarding, particularly in sharing information to assess risk and need. In this case the interface between perinatal, midwifery and primary care was explored.
- **The impact of sleep deprivation on functioning**. The absence of disturbed sleep on functioning is significant. It distorts reality and perception and adversely impacts mental health.
- **Effective communication between professionals**. The use of formalised strategy discussions to understand presenting risk. Think Family and cross boundary work needs to be undertaken.
- **Access to specialist advice for professionals.** The importance of specialist advice on issues of peri natal mental health, recognising that understanding risk in this area requires expertise.
- **Professional curiosity.** Piecing together episodes of concern and asking critical and challenging questions of ourselves and each other is critical.
- **The role of fathers.** The importance of focusing beyond mother and child and examining the role of father is important. **When is it a safeguarding concern?**

5 Practice implications/ practice development:

- Adopting a Think Family policy that unifies Adult and children's Services
- Developing shared clarity regarding the pathways for peri natal care
- Consideration of thresholds of concern: Apply lower threshold for concern in perinatal mental health and *especially* where culture / language is the context

6 Implementing change:

Reflect on the findings with your team or service and discuss how this might impact on your practice. Identify what you or your team might do to act on the findings and to implement any change.

7 Resources and further information:

Involving and supporting partners and other family members in specialist perinatal mental health March 2021 – NHS England