

Background

The 'Think family' approach was developed in response to the need to understand how **parental mental health** can affect the care and wellbeing of children. Over time, it has become widely recognised as an essential part of **effective safeguarding practice** for both **children and adults**

Think Adult. Think Child. Think Carer. Think Family.

Why it matters

- It helps identify risks and provide support at an earlier stage to prevent escalation
- It ensures risks to vulnerable adults and children are considered together, reducing the likelihood of harm
- It addresses intergenerational patterns of abuse, neglect and poor mental health to help break the cycle
- It encourages better Multi-Agency working
- Building on family strengths to promote resilience and long term wellbeing under a Strengths-based conversational approach

What this means in practice

- Ask who lives in the household and who is regularly involved in caring or support.
- Explore family relationships, including who may be offering help and who may present a risk.
- Look beyond the identified adult or child to understand the wider impact on others in the family.
- Be alert to what is not being said, as well as what is being shared.
- Record and share relevant information clearly.
- Evidence Professional Curiosity!

RSAB

7 Minute briefing
Think Family

Support, information
& advice

What staff should do

Act promptly when concerns emerge rather than waiting for crises to develop. Ensure you listen to what matters to the person and think about the family around them too.

Share concerns appropriately with partner agencies.

Contribute to joined-up plans that address the needs of the whole family.

Avoid working in isolation when multiple risks or needs are present.

Questions to Guide Practice

When working with any adult or family, staff should ask themselves:

Who is in this person's family and support network?

Are there any children involved, living in or visiting the home?

Are there any adults with care and support needs who may also be affected?

Who is providing care, formally or informally?

Who and what is important to them?

What risks are present in this family?

What strengths or protective factors are available?

What support is needed now to reduce harm and improve outcomes?

Who else needs to be involved?

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What staff should do

Test information rather than accepting reassurance too quickly.

Seek supervision when you feel uncertain, overwhelmed, or stuck.

Reflect on whether your assessment is evidence-based.

Challenge drift, delay, and over-optimism.

Be prepared to escalate concerns where necessary.

More information from the NHS can be found here - [Think Family - NHS Safeguarding](#)

Things to be aware of

Disguised compliance - When parents or carers appear to engage with services, but meaningful change is limited or absent.

Professional curiosity - The need to ask, explore, verify, and not accept information at face value.

[RSAB-RSCP-Professional-Curiosity-7-Minute-Briefing-March-2025.pdf](#)

Professional dangerousness - The risk that professionals minimise concerns, avoid challenge, or become overly optimistic.

Culturally informed - recognising the values, beliefs and family practices that shape a person's life, while being clear that culture must never be used to justify harm.

Professional fatigue and collusion - When repeated exposure to complex situations reduces professional challenge or leads to unhelpful acceptance of poor circumstances.

Think the unthinkable - Be willing to consider significant harm, even when it feels uncomfortable or unlikely.



NHS Safeguarding