

A practitioners guide to the **Early Help Assessment** and **Team Around the Family**



Contents

Introduction to Early Help Assessment (EHA)	4
Early Help Principles	5
Role of the Team Around the Family (TAF) Co-ordinator	6
Thresholds	7
Referrals to social services	8
The Early Help Assessment process	9
When to complete an Early Help Assessment	10
Consent and Information sharing	11
Completing the Early Help Assessment	12
The Assessment Framework	13
Assessment guidance	14
The Outcome Wheel.....	18
Elements of a good assessment.....	19
Analysis and next steps	20
Team Around the Family	21
Arranging the TAF meeting	22
The Team Around the Family Process.....	23
The First TAF meeting.....	24
The Lead Professional	25
TAF Action Plan	27
Reviewing the TAF action plan.....	28
Ending the Team Around the Family process	29
Use of the outcome wheel	29
Measuring outcomes	30
Measuring the views of the family	30
Team Around the Family-'step down' cases	31
Auditing process	32
EHA/TAF Champions	33

Retention34

Links to other services35

Useful contact numbers and websites.....36

Appendices37

- Appendix One-Example Early Help Assessment
- Appendix Two-Example TAF plan
- Appendix Three-Early Help Assessment Audit Tool
- Appendix Four-TAF plan Audit Tool
- Appendix Five-Outcome Wheel
- Appendix Six-Parent evaluation form
- Appendix Seven-Young person feedback form

Introduction to Early Help Assessment (EHA)

The EHA is an early intervention assessment tool designed to assist practitioners to identify the needs of all children and young people within a household, ranging from unborn children to 18 years, analyse the information and plan what to do next. The EHA can be completed by any professional working with a family, including the private and voluntary sector.

The EHA was launched in Hillingdon in June 2013. This guidance has been prepared on behalf of the Local Safeguarding Children Board (LSCB) and the Hillingdon Children and Families Trust Board (CFTB), by a multi agency group of practitioners using jointly developed early help principles.

Families who live outside Hillingdon

This process is only applicable to families that live in the borough of Hillingdon, even if a child attends a school/college/group in Hillingdon.

If you have contact with and have concerns for a family who live outside Hillingdon contact the TAF Co-ordinator for advice.

Child Protection Concern

If you have a child protection concern, or are unsure whether a family should be referred to social services, speak to the safeguarding officer in your organisation or contact social services for further advice.

Early Help Principles

Assessing Need

- The Early Help Assessment (EHA) will be the tool used to help families and professionals identify needs and how these may be met.
- All family members will be supported to contribute to the EHA.
- The EHA will be most effective when undertaken with the professional who knows the family best.
- The EHA will be considered a 'live document', shared and updated as circumstances change with the aspiration of achieving a 'tell us once' approach.
- The family's wishes with respect to the sharing and storage of EHAs will be paramount.
- Electronic means of completing and storing EHAs are the most efficient and will be explored.

Intervention Planning

- The child/family is maintained in the universal context wherever possible.
- Professionals will have good local knowledge of and be able to access the local services that can support children and families.
- When additional needs are identified, the targeted service is brought into the universal provision to add to the support being provided in the universal context.
- Where the family may need to access a number of targeted services the Team Around the Family (TAF) approach will be used to manage the process and ensure activity is integrated and seamless.
- The lead professional role is central to the successful delivery of co-ordinated services.
- All professionals within the children's work force will understand and undertake the lead professional role where appropriate.
- Intervention plans will build on the existing strengths of the family.
- All family members will be supported to develop the intervention plan and review its effectiveness.
- Where at all possible there is one integrated intervention plan agreed by all relevant parties. However, it is recognised that some services are legally required to have their own plan, but all plans will correlate and support each other.
- Targeted services are withdrawn when the need has been met.




Role of the Team Around the Family (TAF) Co-ordinator

The primary role of the TAF co-ordinator is to work alongside agencies to embed the EHA and TAF process.

The TAF Co-ordinator can assist practitioners by providing:

- Advice on whether an EHA would be appropriate.
- Updates and checks of the EHA register.
- Advice on agencies that could work with the family or attend TAF meetings.
- Help to agencies with arranging their first TAF meeting, including advising and contacting agencies to attend the TAF meeting.
- Attendance at the first TAF meeting to provide support to practitioners who are not familiar with the TAF process.
- Advice on complex TAF meetings.
- Auditing of completed EHA and TAF action plans.
- Bespoke training sessions for agencies regarding EHA and TAF.
- Data for senior management teams for EHA and TAFs.
- Information on existing TAF meetings and Lead Professionals and maintaining these records.

Contact details for TAF co-ordinator

	Non-secure email (ensure the document is password protected)	taf@hillington.gov.uk
	Secure email	Belinda.Hearn@hillington.gcsx.gov.uk
	Postal address	London Borough of Hillingdon Link 1A, Civic Centre, Uxbridge, UB8 1UW

Thresholds

Hillingdon has adopted the London continuum of need which is shown below. The continuum of need provides a model to help professionals identify and assess the most appropriate threshold of intervention and support for a particular child. It is intended to be used as guidance, not a prescriptive procedure, to support practitioners and managers to exercise sound professional judgement.



Level 1: Universal services

At level 1, children with no identified additional needs will have their developmental needs met by universal services. Examples of universal services include schools, health visitors and children's centres.

Level 2: Additional needs

Children at level 2 will have additional needs that are not clear, not known or not being met. This is when the Early Help Assessment should be completed to identify the family's needs and which service(s) could work with the family. Agencies working with families could include universal services and /or targeted services. These services are typically early intervention and preventative services.

Level 3: Complex needs

Children at level 3 have complex needs that are likely to require longer term intervention from statutory and/or specialist services. This is also the threshold for a child in need, which will require children's social care intervention.

Level 4: Acute needs

Children at level 4 have acute needs requiring statutory intensive support. This includes the threshold for child protection, which will require children's social care intervention.

Referrals to social services

When considering making a referral to social services you should refer to the Hillingdon Threshold document www.hillingdon.gov.uk/article/15540/Key-documents and the Working Together 2015 guidelines: <https://www.gov.uk/government/consultations/working-together-to-safeguard-children-revisions>

If you are still unsure whether a family meet the threshold for children's social care, before conducting an EHA or making a referral call children's social services and ask to speak to a social worker for advice on 01895 556644. The team are available Monday-Friday 9.00am-5.00pm.

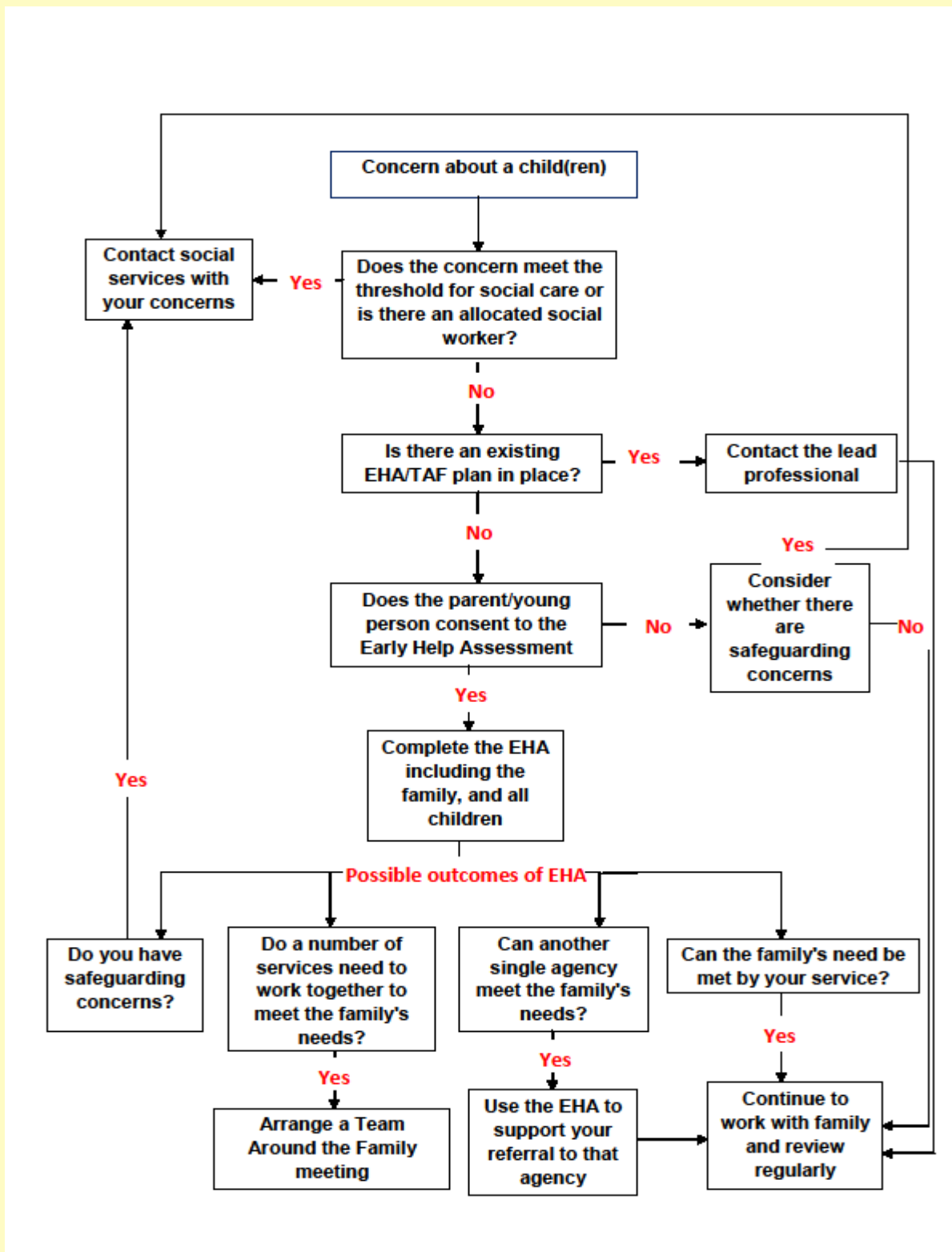
They will be able to guide you as to whether your concerns meet the social services threshold, and if not which action to take next. If you are advised to make a referral to social services then use the Inter-Agency referral form and seek the family's consent as advised by the social worker. The Inter-Agency referral form has its own guidance and is available to download at the website: www.hillingdon.gov.uk/article/15540/Key-documents

"In need" referral criteria

The decision about whether a child is eligible for an assessment or on-going service from children's social care rests with the social care managers. The assessment of whether a child's needs fall within the "in need" eligibility criteria takes into account and is informed by the:

- age of the child
- level of the child's need and the impact of the concern on the child's welfare and development
- level of risk facing the child, currently and in the future, and any risk that they may pose to others
- child and family's wider circumstances
- level of support that is being provided, or may be provided, by other agencies and professionals
- risk of deterioration if services are not provided
- local authority's statutory responsibilities

The Early Help Assessment process



When you complete an EHA send a copy to the TAF Co-ordinator so the EHA register can be kept up to date

When to complete an Early Help Assessment

If you are working with a family you may notice some changes with the child/children that you are working with, or the parent/carer may approach you with a worry or concern they have. The EHA can be used to clarify your thinking on what the needs of the family are and how they may be met.

Example situations or observations that may lead to an EHA being completed

- You notice a change in the appearance or behaviour of a child/young person
- Persistent non/late attendance
- Child/young person appears hungry and does not have packed lunch or money to buy food
- You become aware of a significant event, eg pending eviction, divorce, or bereavement
- Concerns about the family's home environment
- Child/young person is making slower progress than expected
- Challenging or aggressive behaviour
- Becoming bullied or being a bully
- Family breakdown
- Acting as carer to sibling or parent
- Mental health or illness with child/young person or within family
- Exposure to substance misuse in family home
- Exposure to domestic violence
- Suffering discrimination
- Becoming homeless
- Becoming a teenage parent
- Frequent non attendance to medical appointments/meetings

If you are unsure whether an EHA should be completed you can contact the TAF Co-ordinator on 01895 556144 who will be able to talk through the process with you.

REMEMBER

1. The EHA is an early intervention assessment tool and is not for making a referral to social services (to do this you will need to complete an Inter-Agency referral form (see page 8))
2. If you have any doubts about whether to make a referral to social care you should speak to the safeguarding officer in your organisation or contact social services for further advice.
3. If you start an EHA and then identify more worrying concerns you can always stop and make a referral to social care
4. If there is already a social worker allocated to the family you do not need to complete an EHA. You should instead share your concerns directly with the social worker and participate in any planning processes already in place.

Consent and Information sharing

Getting consent

Before completing the EHA you need the consent of the parent/carer and in some cases the young person. They will want to understand the purpose of the document and there is a leaflet available to explain the process to the family www.hillingdon.gov.uk/eha

You must ensure that the parent/carer/child or young person giving consent to the EHA fully understands what they are consenting to and the implications of giving or not giving their consent. This conversation is an important part of making sure that you fully understand their needs and agreeing how best to meet those needs, including which other practitioners may be able to work with them.

Young people can give consent to the EHA without their parent/carers consent; however, you should try to encourage the young person giving consent to include their parent/carer in the process.

It is presumed that young people over the age of 16 have sufficient understanding to give consent. This may also be applicable to young people over the age of 12; however, you must use your professional judgement as to whether this is the case. When making this decision you should consider whether the young person has the capacity to understand and make their own decisions to give or refuse consent.

Information sharing

The last page of the EHA asks the parent/carer/young person to give their consent to the EHA process and also records their consent to sharing of the EHA with other agencies.

The EHA should record which agencies you wish to invite or contact regarding a Team around the Family meeting (TAF) allowing families to give informed consent as to the sharing of the EHA.

The Department for Education has issued guidance regarding information sharing and consent which is available on the website:

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

You should explain that you will only share information without their consent in exceptional circumstances, such as when you believe that they or another child or young person may be at risk of significant harm, or an adult may be at risk of serious harm, or to prevent, detect or prosecute a serious crime.

NB This guidance around consent is based solely around the EHA and TAF processes. Professionals should consult their own organisational guidance on consent issues in their area of work.

Completing the Early Help Assessment

If the family consent to completing an EHA, contact the TAF Co-ordinator to check if an EHA or TAF is in place or if the family have an allocated social worker. If an EHA or TAF is already in place you will be given the contact details of the lead professional so you can contact them with your concerns. Similarly, if the family has an allocated social worker you should share your concerns directly with him/her.

If there is no EHA, TAF or allocated social worker, you should then arrange a date with the parent/carer/young person to undertake the EHA. There is a leaflet to explain the process to the family at www.hillingdon.gov.uk/eha

Pages 1-3 of the EHA are for recording the demographic details of the family and the reasons why the EHA is being completed. Remember, the EHA is a family assessment and should include all children aged 0-18, including unborn children. If you are not working with all children you should ask the parent/carer for consent to contact other agencies that are working with the children and ask them to contribute to the EHA.

Page 3 is key in recording other agencies that work with the family and some prompts are given to assist in this. Page 3 also includes the views of the family as to why they think the EHA is being completed and what they hope will be achieved by completing the EHA.

REMEMBER

Families who live outside Hillingdon

This process is only applicable to families who live in the borough of Hillingdon, even if a child attends a school/college/group in Hillingdon.

If you have concerns for a family who live outside Hillingdon, contact the TAF Co-ordinator for advice.

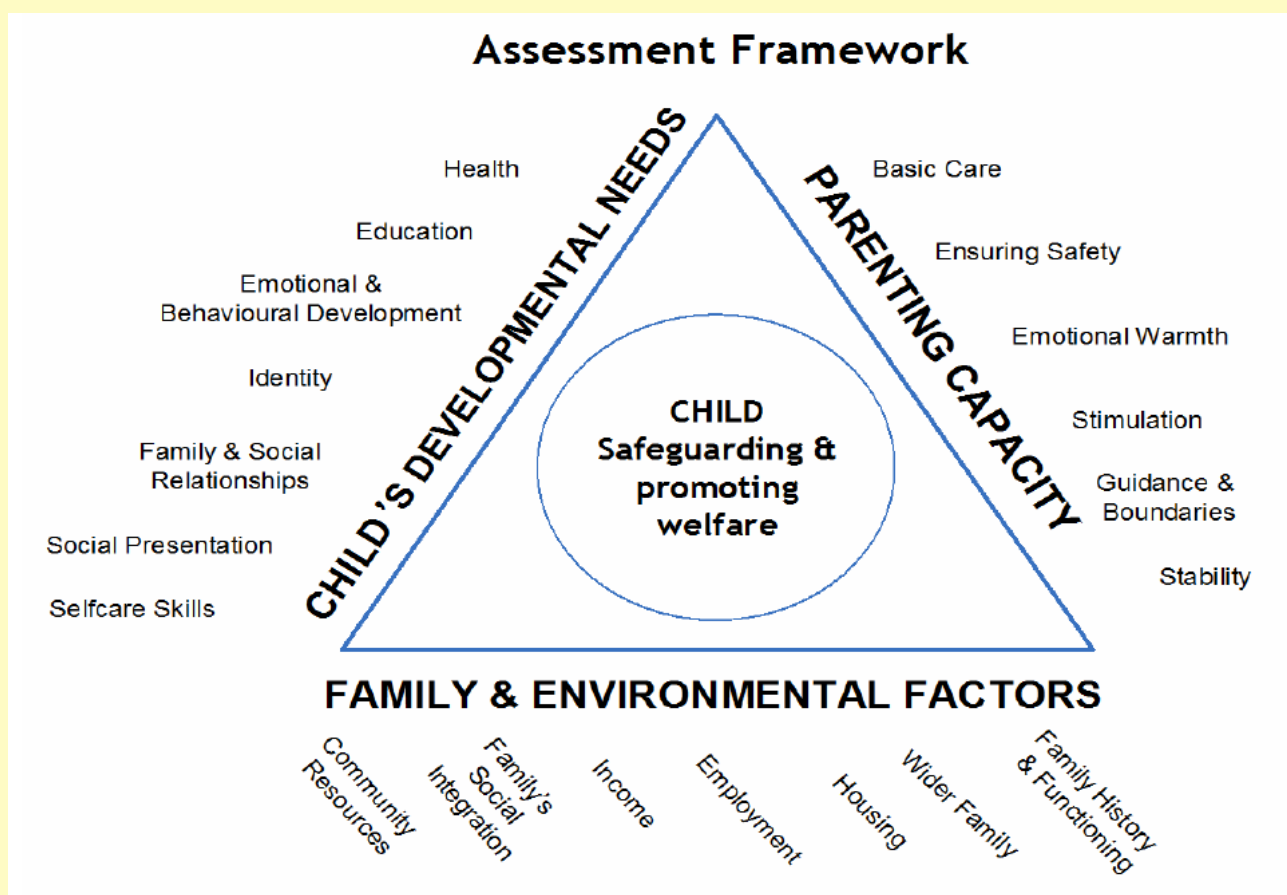
The Assessment Framework

The assessment section is on pages 4-6 of the EHA document. As the EHA is a family assessment there are boxes for up to 3 children/young people. If there are more than 3 children in the household you can print off pages 4-6 and attach them to the EHA to include all family members.

The EHA is based on the assessment framework which some practitioners may be familiar with.

The framework sets out the key areas of assessment under 3 headings. Although the headings in the EHA are slightly different from those below, they are based on this framework.

Not all areas will be relevant to every assessment; however, each area should be considered to ensure a full assessment of the family's needs.



This diagram is from the Working Together to Safeguard Children guidance 2013

Assessment guidance

On the following pages there are some questions and areas you could consider when completing the EHA. These are examples and will not cover every situation. The assessment should consider the family's strengths and needs and include the views of the family including children and young people, if they are old enough to give their views. If there are differences of opinion these should also be recorded. The assessment should be evidence based, giving examples and evidence for any concerns.

When recording the assessment, do not repeat information or be too concerned if you are putting the information in the "right box". The most important thing is to ensure that the information is recorded in the EHA. In time, completing the assessment will become easier. For a completed example of an EHA see Appendix one.

There are no deadlines or time scales for completing the EHA with the family; however, the response should be timely so that the family's needs neither drift nor escalate.

Development needs for each child

Look at how the child/young person thrives, and their physical, social and mental development based on your observations and from your knowledge of working with the family

Physical and mental health

Fine and gross motor skills, nourishment, disability and additional needs, recurring or chronic health problems, physical and mental wellbeing, weight and height

Possible questions

- *Do you have any concerns about the children's health?*
- *Have you seen a Doctor about any concerns?*
- *What do the children like to do outside school?*

Education

School/nursery attendance and punctuality, SEN support, barriers to learning, including access to books and toys, ICT, language, qualifications-both undertaken and achieved, SEN, exclusion history, attainment and peer relationships, EP or EWO involvement

Possible questions

- *Is your child attending nursery/playgroup/children's centre?*
- *Do the children have difficulty coming into school as their attendance is X or they have X number of lates?*
- *What books do the children like to read at home?*
- *Do you think your child has any difficulties with school and learning, have you sought any advice?*
- *Does your child like school, what reasons do they have for their answer?*
- *What is their favourite toy(s)?*

Emotional and behavioural development

Poor self esteem, engaging in risky behaviours including offending behaviour and substance misuse, attachment disorder, violence and aggression towards parent/carers and peers and adults outside the family, coping with stress and feeling isolated, self harm, eating disorders, depression, pregnant or expressing wish to become pregnant

Possible questions

- *Have there been any significant events in the family which may be impacting on your children, for example bereavement or separation?*
- *Do the children have difficulty sleeping or eating?*
- *Have they deliberately hurt themselves?*

Identity development

Perception of self-image and self esteem, knowledge of personal/family history and sense of belonging, positive sense of individuality eg race, religion, age, gender, sexuality and disability

Possible questions

- *Do you think your child has inappropriate self esteem (too high or low)?*
- *Do they see themselves as victims of unfair treatment - eg in home, school or community?*
- *Do they display discriminatory attitudes to others?*

Family and social relationships

Able to build stable relationship with family, peers and wider community, helping others, age appropriate friendships

Possible questions

- *Who are the main carers?*
- *What names do the children mention as school friends?*
- *Who do the children play with outside of school?*
- *Do the children see siblings/grandparents/aunts/uncles wider family?*
- *What do the children like to do with you at the weekend?*

Presentation

Appearance of child/young person, age appropriate dress, cleanliness and personal hygiene

Possible questions:

- *Are they polite, sociable, mature?*
- *Do the children take care over their appearance?*

Self-care skills

Age appropriate behaviour, independent living skills, decision-making, practical skills of dressing and feeding, opportunities to gain confidence. Give consideration to any additional needs a child/young person may have

Possible questions

- *Can the children get themselves dressed in the morning?*
- *Do the children need help with anything?*

Other points to consider

- *Is the child a young carer?*
- *Any significant family events including divorce, new baby, bereavement?*

About the parent(s) capacity in relation to each child

How is the child/young person when they are at home and in the care of their parents/carers?

Basic care

Child care arrangements, supervision of children, parent/carer learning disability, substance misuse, parental non compliance, providing for the child's physical and health needs, provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene,

Possible questions

- *What are the children's favourite meals?*
- *Who helps look after the children in the evenings?*
- *Who collects the children from nursery/school?*

Ensuring safety

Supervision and parenting of child, ensuring the child is adequately protected from harm or danger both in the home and elsewhere, domestic violence - historic or current

Possible questions

- *Have the children witnessed or heard domestic violence?*
- *Are there stair gates in the home?*

Emotional warmth

Inconsistent parenting and effect this has on development of child/young person, affection and attachments, ensuring the child's emotional needs are met and giving the child a sense of identity, feeling valued and a positive sense of own racial and cultural identity, appropriate physical contact, domestic violence - current or historic.

Possible questions

- *What do you do with the children at the weekend/evenings?*
- *How do you enforce boundaries and rules, eg reward/sticker charts?*

Stimulation

Promoting child's learning and intellectual development, encouraging and joining the child's play, ensuring school attendance or equivalent opportunity

Possible questions

- *What games do the children like playing?*
- *What toys do the children like to play with?*
- *Do the children like to read/be read to?*

Guidance and boundaries

Boundaries set by parent/carer, positive role models set by parent/carer/adults, positive activities

Possible questions

- *How do the children respond if you are telling them off?*
- *What happens if you tell the children to return home at a certain time?*

Stability

Frequency of house moves and around boroughs, household relationships between family members/parents/carers

Possible questions

- *How long have you lived at the current property?*
- *Where did you live previously?*
- *Who else lives in the family home?*

Environment and family circumstances for each child

What are the family's current circumstances and what is their ability to manage the current situation? This includes housing, domestic violence, financial situation and wider family support. Please provide as much information as you can or that the family are willing to share.

Family history and functioning

Parent/carer unable to manage child's behaviour, relationships between parents - including domestic violence and/or separated parents - which may affect child/young person, composition of household, childhood experiences of parents, nature of family functioning, including sibling relationships and its impact on the child and whether the child is acting as a young carer.

Possible questions

- *How do the children get on with their siblings?*
- *Do the children have regular contact with mum/dad (if parents are separated)?*

Wider family network

Support from family or non family members, who are considered to be members of the wider family by the child and the parents?

Possible questions

- *Which family members/family friends do the children see regularly?*
- *Do you get any help looking after the children in the evenings or at weekends?*

Housing

Property size, temporary accommodation, social housing or privately owned, overcrowding, is the housing accessible and suitable to the needs of disabled family members, basic amenities including water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing

Possible questions

- *What is the family's housing situation, eg. private or council rental?*
- *How many bedrooms in the house?*
- *Do the children share a bedroom with siblings or parent?*

Employment

Are parents/carers working, is this full or part time, permanent, temporary or voluntary work, does a parent do more than one job? Does the parent's work impact on the child?

Possible questions

- *Are you working at the moment?*
- *Would you be interested in help looking for work?*
- *Do you need any training so you are available to work? Do you need child care?*

Income

Benefits the family receive, income received into family home, risk of homelessness due to rent arrears or debt, is there enough money for utility bills and food?

Possible questions

- *What benefits do you receive?*
- *Are you affected by recent benefit changes?*
- *Are you facing eviction?*
- *Do you use the food bank?*

Social integration

Parent/carer involved in anti-social or criminal activity, social networks, social exclusion. Are the family suffering from harassment or discrimination?

Possible questions

- *Do you get on well with your neighbours?*
- *Do you have friends nearby?*

Community resources

Are the family accessing community groups in their area, leisure facilities, shops and access to transport? Accessibility to resources for family, including disabled members

Possible questions

- *Do you live close to shops?*
- *Are you or the children a member of any local clubs/groups?*
- *Do you or the children attend a children's centre/young people's centre*
- *What do you like to do if you have any free time?*

Other points to consider

- Relationship between family members,
- Adult carers
- Private fostering
- Financial concerns
- Any family members involved in anti social behaviour, or victims of harassment, redundancy
- Domestic violence

The Outcome Wheel

The outcome wheel is at the end of the EHA and should be used when undertaking the EHA with the family for the first time. This tool can be used to help aid the assessment and gives families the opportunity to have their say on where they feel their needs lie and can also be used with children and young people too.

The wheel is used with families to mark where on the wheel they would place themselves and can be used throughout the EHA to inform your assessment of the family. Not all areas of the wheel will be applicable, so just complete the areas which the family feel they need support with.

The outcome wheel is kept with the EHA and is not added to or changed. There is an opportunity at the end of the process to review this if the family's needs have been met.

Elements of a good assessment

Family focused	<ul style="list-style-type: none"> • The views of the family, including those of children and young people where they are old enough to give their views, should be included in the assessment. • The family should be kept at the centre of the assessment to ensure their needs are met. • Apart from a pre-natal assessment, it is not possible to complete the Early Help Assessment (EHA) without seeing or involving the child(ren).
Non discriminatory	<ul style="list-style-type: none"> • The EHA should be based on equality of opportunity and takes into account disability, communication, gender, and sexuality, cultural and racial needs. • Personal information should always be dealt with in a sensitive and non-discriminatory manner. • Take into account whether an interpreter may be required to complete the assessment.
Current	<ul style="list-style-type: none"> • The assessment should be based on the current concerns of the practitioner and the family, ensuring these are recorded in the EHA.
Sufficient and formative	<ul style="list-style-type: none"> • The EHA should provide sufficient information so that the needs are clearly identified. • The EHA should take into account strengths as well as needs to help with the decision making process as to the next steps to take.
Collaborative	<ul style="list-style-type: none"> • The EHA should be completed with the family, including children and young people. • If another agency is working with a child/young person you do not know then, where possible, they should be contacted to contribute to the assessment (eg. Sibling in a different school or attending a children's centre).
Transparent	<ul style="list-style-type: none"> • Throughout the process, all work with the family should be honest and open. • The purpose should be clear to all. • The family should have access to information held about them.
Consensual	<ul style="list-style-type: none"> • The informed consent of the child/young person and /or parents/ carers should be obtained. • You cannot undertake an EHA unless the child and/or their parent agree. The EHA is entirely voluntary.
Evidence based	<ul style="list-style-type: none"> • A good assessment is grounded in evidence based knowledge, current research and an understanding of human growth and development.
Language	<ul style="list-style-type: none"> • The language used should be non-judgmental in the discussion and in the EHA.

Analysis and next steps

The EHA should have helped you to identify the family's needs. It should be shared with the family to see if they recognise the difficulties identified, and then to explore what they would like to happen next and what they would like to achieve. Discuss your goals and aims too and agree a plan. The goals and plan are recorded on page 7 of the EHA.

- **Your own service can meet the family's needs**

If your own agency has resources it can use to meet the family's needs, continue to work with them as before. Use the EHA to record your plan and continue to meet with the family and review the plan regularly. If other services need to be involved in the future, the EHA and updated plans and reviews can be used to access other services.

- **A referral to one single agency**

If you identify that another single agency for example a children's centre, young people's centre, educational psychologist, could meet the family needs you can use the EHA to support your referral to that agency. In some cases the agency may still require you to complete their own referral form. You would need to discuss this referral with the family.

- **A number of agencies are identified as being required to meet the family's needs**

Arrange a Team Around the Family (TAF) meeting. Further information about the TAF process is on pages 22-30. A TAF meeting will bring agencies together to identify how they can meet the needs of the family. The TAF co-ordinator can be contacted for help with arranging the first TAF meeting or suggesting agencies that could be part of the TAF meeting.

- **You have safeguarding concerns**

If, based on the additional information you have gathered during the assessment process, you have safeguarding concerns or are not sure whether the family should be referred to social services, contact social services for further advice. If a formal referral is the outcome of those discussions, the EHA can be used to support the referral.

If you are not sure you can contact the TAF Co-ordinator for advice on the next steps.

Once you have completed an EHA send a copy to the TAF co-ordinator so the EHA register can be kept up to date. See contact details on page 36

NB: The family are always given a copy of the EHA.

Team Around the Family

A Team Around the Family (TAF) is one of the possible outcomes from the EHA. As with the EHA, the family have to consent to the TAF meeting, including who is invited to the meeting.

The TAF is made up of the different agencies that are already working with the family or could work with the family in the future, based on the needs identified in the EHA. The family, including the children where they are old enough, should attend the meeting. In most circumstances a child would only attend part of the meeting. It may not be appropriate for a child/young person to attend the meeting if they have special needs which mean they would find it difficult to express their views in a meeting environment, for example some types of learning disability. In these situations the parent/carer or another person working with the child should ascertain their views prior to the TAF meeting.

Examples of when a TAF meeting may be held

Below are some situations where a TAF meeting may be necessary, with examples of agencies you could invite.

These are just examples, and not all situations are explored. Each family will be different and so agencies and suggested actions may differ

Situation	Agencies that could attend TAF meeting
Family facing eviction	<ul style="list-style-type: none"> • Housing • Nursery/school/college • Children's centre • Health visitor/school nurse
Child who is a young carer	<ul style="list-style-type: none"> • Young Carers • Nursery/school/college • Children's centre/young people's centre • Health visitor/school nurse
Teenage mother struggling to cope	<ul style="list-style-type: none"> • Children's centre • Health visitor/midwife • Home-start • School/college • School nurse • Young people's centre
Parent/carer has mental health issues	<ul style="list-style-type: none"> • Young Carers • Adult mental health services • Nursery/school/college • Children's centre/young people's centre • Health visitor/school nurse

Arranging the TAF meeting

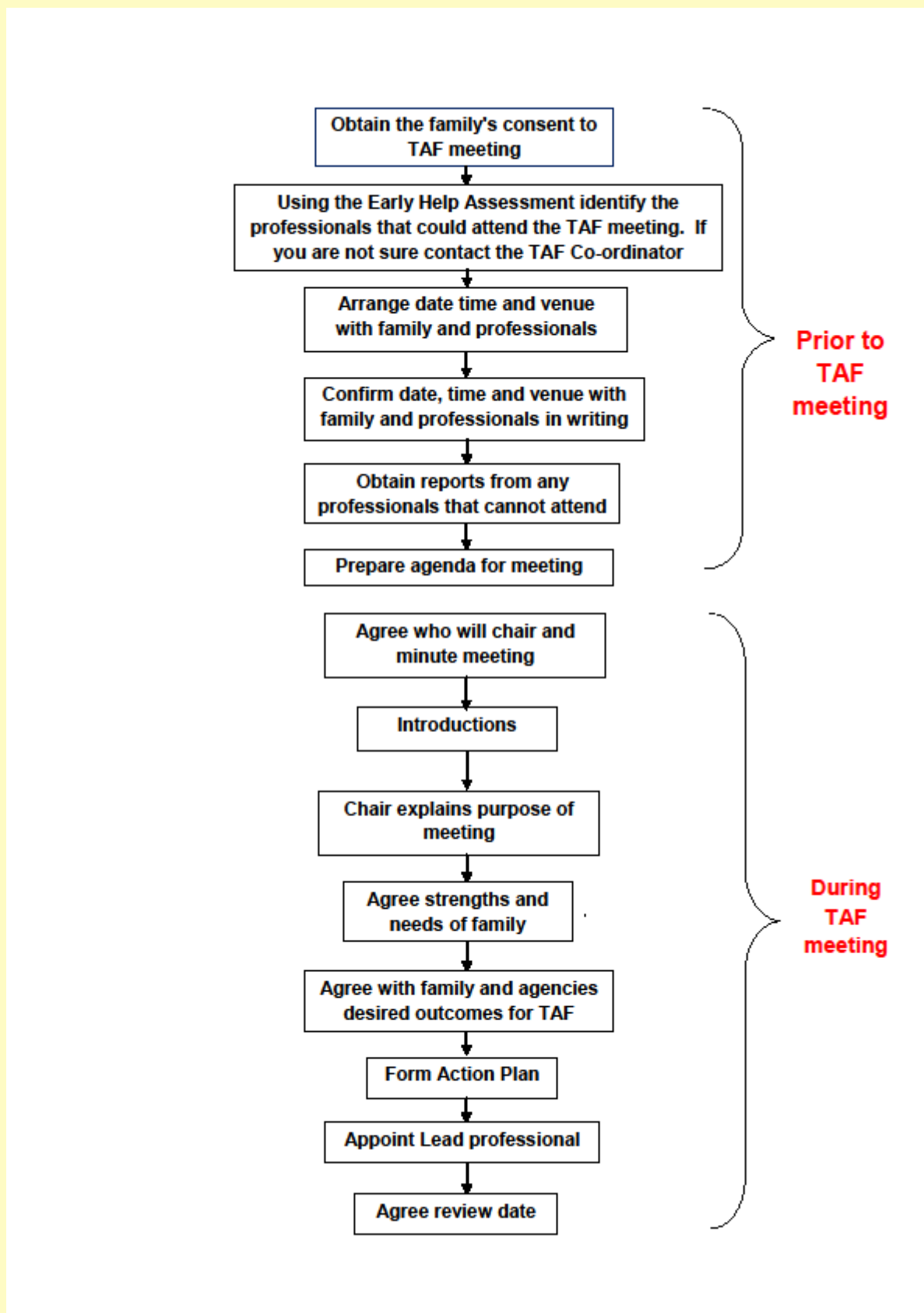
Usually the person who completed the EHA will arrange the first TAF meeting. The TAF Co-ordinator can give advice as to who could attend the meeting. The family information directory may also help to identify agencies that could attend the TAF meeting www.hillingdon.gov.uk/families

When you are arranging a TAF meeting, check the family's availability first. Agree venue, dates and times when the family can attend the meeting and who you can invite to the meeting. When discussing a venue bear in mind any accessibility needs for the family, how easy it is for the family to get to the venue and whether they will feel comfortable in the venue.

When contacting agencies to attend the TAF meeting it will not always be possible for everyone to attend. Prioritise agencies that are a *must* to attend the meeting. If an agency that is already working with the family cannot attend then ask them for a report/update prior to the meeting. Other agencies can be asked in advance what services they may be able to provide and this can be shared at the meeting.

You may find it helpful to prepare an agenda prior to the TAF meeting to ensure that all areas are discussed.

The Team Around the Family Process



Send copy of TAF action plan to the TAF Co-ordinator

The First TAF meeting

This is usually chaired by the EHA author, or the person who arranged the TAF meeting, but could be any professional working with the family. If the TAF Co-ordinator is attending the first TAF meeting, they could be asked to chair the first meeting.

Guide to Chairing a TAF Meeting

All attendees should always avoid professional jargon. Practitioners should not share information or concerns without the family being present.

1. Welcome all attendees to the meeting.
2. Explain the purpose of the meeting and confirm who the meeting is about.
3. Explain the confidentiality status of the meeting - for example, explain what information will be recorded and who it will be shared with.
4. Ask all attendees to introduce themselves and explain their current involvement and/or possible future role.
5. Discuss the needs identified in the Early Help Assessment, if applicable, and possible support available to meet those needs. The views and opinions of the family should be sought throughout the meeting.
6. Agree outcomes and actions. Draw up an action plan, agree who should become the Lead Professional and set a date for review (ensure a venue is agreed and available).
7. Summarise the outcomes of the meeting and ensure the young person or child and parent/carer are in agreement with and clear about who is involved, who will do what and what happens next. The family and all members of the TAF are sent a copy of the minutes.
8. Send a copy of the minutes to the family, TAF group and the TAF Co-ordinator.

In between meetings the TAF group continue to communicate and share information with the family and within the group. If any member of the TAF group, including the family, has concerns they contact the lead professional.

The Lead Professional

The term 'lead professional' is not a job title but a set of functions carried out as part of targeted and integrated support. Most professionals working with children, young people and their families carry out these functions on a day to day basis without necessarily identifying themselves as doing so.

The purpose of formally identifying a lead professional is to reduce the duplication that can happen when a number of individuals are working with the same family. This is particularly important at a time when all organisations are facing significant resource pressures. For the family, it reduces the experience of repeated lengthy meetings, conflicting or confusing advice and uncertainty about who to approach for up to date information.

A lead professional **is not responsible for the work of other practitioners**. All practitioners working with the family will have their own responsibilities for delivering specific services as part of the action plan identified in the Team around the Family meeting.

A lead professional:

- acts as a single point of contact for the child or family and a sounding board for them to ask questions and discuss concerns
- co-ordinates the delivery of the actions agreed by the practitioners involved in the Team Around the Family process
- reduces overlap and inconsistency in the services offered to families

Typical tasks may include:

- building a trusting relationship with the child and family (or other carers) to secure their involvement in the process
- being the single point of contact for all practitioners who are delivering services to the child/young person and family
- reviewing the action plan at review Team Around the Family meetings
- understanding key transition points in a child's life, for example, moving into the next key stage at school.
- being able to challenge the child/young person, family and professionals when necessary and help them move on in their thinking

Decisions about who is the most appropriate lead professional should be considered on a case by case basis. One practitioner may take the lead professional role for the purpose of organising the initial Team Around the Family meeting; however, at the meeting an alternative may be identified based on the following considerations:

Considerations	Who should be lead professional?
What are the predominant needs of the child or family?	Once these are identified a practitioner from this area of work should be lead professional.
Which agency has main responsibility for addressing the child or family's needs including statutory responsibility?	Once the main agency has been identified a practitioner from within that service should be lead professional.
Does anyone have a previous or potential ongoing relationship with the child or young person?	If a practitioner has this previous or potential experience then they should be lead professional.
Does anyone have an ongoing responsibility to carry out an advocacy role for the child or young person?	If anyone has this responsibility then they should be lead professional.

The views and wishes of the child young person and family will be a key factor in identifying the lead professional.

Who can be the lead professional?

Many practitioners working with children and young people can be a lead professional at certain times for some of their cases. The following list gives some examples of who may take on the role, but is not exhaustive.

Youth workers	Children's centre workers
Midwives	Early years workers
Nursery nurses	Volunteers
Education welfare officers	Family workers
GPs	Health visitors
School nurses	Community children's nurses
Housing support staff	School support staff
Community support officers	Learning mentors
Teachers	CAMHS worker

Reviewing the lead professional

At the review TAF meeting the lead professional role should be reviewed. Due to the changing needs of the family, the lead professional may need to change or a member of the TAF group could leave. The role of the lead professional must always be transferred with the knowledge and agreement of the family. Change of lead professional can be noted on the action plan and the TAF Co-ordinator notified.

TAF Action Plan

At the TAF meeting the minutes and agreed outcomes are recorded on the TAF meeting plan template. This can be downloaded from the website www.hillingdon.gov.uk/eha

An example of a completed TAF plan can be found in Appendix two.

Hillingdon Children & Families Trust TAF Delivery Plan & Review

(Actions from the assessment should be brought forward into the delivery plan and added to where a multi-agency team around the child response is required and/or used to review progress)

Personal details

Given name(s) Family name Date of Birth or Estimated Due Date

Address Postcode Male Female Unborn

Lead Professional details

Name Agency/Relationship Email

Address Contact Number(s)

Review date

Desired outcome (as agreed with child, young person, family)	Action	Who will do this?	By when?	Progress & comment	Date closed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The action plan should be outcome focussed, based on the needs identified in the EHA and discussions at the TAF meeting.

Action plans should be **SMART**:

Specific - clear about what needs to be done.

Measurable - the frequency or duration of the action is specified.

Achievable - actions are achievable and have the capacity to succeed.

Related/Realistic - related to the EHA and actions and outcomes are realistic.

Time bound - the time for completion of each plan is specified making it easy, at review, to determine whether or not the action has been achieved. The decision about when to set a formal review date is helped by specified timeframe in the action plan.

Reviewing the TAF action plan

At the first TAF meeting it should be agreed when the action plan will be reviewed. There are no set timescales for reviewing the TAF, however, it should be within 3 months. The needs of the family and the outcomes and actions identified at the TAF meeting will be a factor in deciding the date of the next TAF meeting. It is always better to set a review date at the first TAF meeting so that the family and the TAF group have the date in their diary.

Things to consider at a review TAF meeting:

- The family's views - what do they think has gone well, or not so well, since the previous meeting?
- Have there been any notable successes for the family since the last TAF meeting?
- If TAF members are not present at the meeting, have they provided an update? If not who will ensure this is received and considered and how will this be done?
- Have the actions from the plan been completed, if not, why not?
- Revise priorities and agree new actions.
- TAF membership - do new agencies need to be invited to the TAF meeting or will some agency support end? Remember, the family have to consent to new agencies joining the TAF group.
- Does the lead professional need to change?
- Are the TAF group communicating effectively in between meetings?
- Does the TAF need support from the TAF Co-ordinator with any particular challenges the TAF group are experiencing?
- Does the TAF need to continue, can the TAF be closed and /or family supported by a single agency?

The minutes and action plan are sent out to the TAF group and the family, including members of the TAF group that were not able to attend the meeting.

After each TAF review meeting send a copy of the action plan and minutes to the TAF co-ordinator.

Ending the Team Around the Family process

The EHA and TAF process is about empowering families so they will eventually need support only from universal services or a single specialist agency. The aim of the TAF is that it meets over a short period of time to meet a specific set of objectives. There is no recommended time frame for the TAF being in place but it should usually last no longer than 12 months. If there are still needs that are unmet then the TAF group and action plan should be reviewed to ensure that the TAF action plan and the TAF group are able to be effective in meeting the family's identified needs.

Some reasons why a TAF may close are:

- all the identified needs and outcomes are met.
- the family is able to access services without support or with minimal support, from one service/universal services.
- concerns have escalated and a referral has been made to social services.
- the family withdraw their consent.

When the TAF process ends please notify the TAF Co-ordinator, including minutes from the meeting to ensure records are kept up to date

Use of the outcome wheel

At the end of the EHA process the outcome wheel should be completed by the lead professional with the family. The visual nature of the wheel is useful for families and young people to 'see change' that they and others recognise as having occurred and demonstrates how their needs have been met. The second outcome wheel should only be completed if the process has gone well and has not escalated to statutory services.

A copy of the outcome wheel is in Appendix 5

Measuring outcomes

To ensure that the Early Help Assessment and TAF processes are achieving the outcomes expected for the family, an outcome wheel is included at the end of the EHA. The wheel is completed when you first undertake the EHA. The wheel is completed by the practitioner completing the assessment with the family, ensuring the views of the family are recorded on the wheel. The outcome wheel covers the same assessment domains as the EHA and will be a useful tool to show a family how they have made progress throughout the process. The wheel is again used at the end of the process to clearly demonstrate outcomes to the family and also your organisation and inspectors.

A copy of the outcome wheel is in Appendix 5

Measuring the views of the family

Two questionnaires have been devised to capture the views of the family as to the benefits of the process. These are to be completed at the end of either the EHA or TAF process and can be completed with the family and the lead professional, via post or a phone call from the lead professional or another member of the TAF group.

There are questionnaires for the parent/carer to complete and also the child/young person.

Copies of both questionnaires are in Appendices 6 and 7.

Copies of completed questionnaires are sent to the TAF Co-ordinator.

Please send completed copies of the outcome wheel and questionnaires to the TAF Co-ordinator

Team Around the Family-'step down' cases

The Team Around the Family process is part of the early intervention offer in Hillingdon and is not applicable when statutory services such as social services are working with a family. However, if they are closing a case then a TAF meeting could be considered to ensure the family's needs continue to be met by targeted and universal services as part of the exit strategy. These are called "step down" cases.

The "step down process" can also apply where another agency has undertaken an assessment of the family and has either delivered a service or identified that the needs don't meet their service thresholds.

Where an agency has undertaken their own assessment, it is not expected that an EHA would also need to be completed. Rather, the practitioner considering a TAF should discuss this with the family and seek their permission to share the findings of the assessment with the agencies likely to be attending the TAF. The practitioner should also explore the outcomes being sought from the TAF with the family and share these with the family.

The TAF process is not for monitoring families and TAF members would not offer unannounced visits. The family have to give consent to the process and cannot be forced to engage with the TAF process.

Where the family and practitioner agree to proceed with the TAF process, a meeting is arranged by the practitioner prior to case closure. This meeting is used as a closure/step down TAF meeting. The family and the agencies working with the family are invited to the meeting. The practitioner would attend and chair this meeting. At this meeting the outcomes and action plan are agreed and a new lead professional is appointed to take forward future review TAF meetings.

The TAF Co-ordinator can be contacted for advice on the process and suggest agencies that could be invited to the TAF meeting, and if required invited to the meeting to facilitate the handover.

Auditing process

To ensure there is consistent quality of completed Early Help Assessments and TAF plans within Hillingdon, an auditing schedule has been agreed and audit tools developed (see Appendices 3 & 4). This is to ensure that the quality of EHA and TAF plans is being monitored by the partnership, as required by Ofsted, and any training needs can be identified. Agencies will be expected to audit 5% of completed EHAs and 5% of TAF plans within their organisation or one assessment or plan, whatever is greater.

The audit tools can be completed using an on line Google form or using the Excel format (which will need to be sent to the TAF co-ordinator). The TAF Co-ordinator will also undertake a number of audits each month. All the auditing data will be collated on a central data base and the outcomes reported to the LSCB and CFTB at least annually.

Both audit tools will be available via a link on www.hillingdon.gov.uk/eha Please note that the audit tool will look different when using the tool in Google forms.

EHA/TAF Champions

Each organisation will have a named EHA/TAF champion and an updated list can be found on the website www.hillingdon.gov.uk/eha. You can ask your champion for advice regarding the process. However, you can also contact the TAF Co-ordinator with any queries should the champion for your organisation not be available.

Retention

Retention of documents by partner agencies will be in keeping with their own respective Retention and Destruction Policy and Procedures.

Documents logged with the TAF Co-ordinator will be held for three years.

Links to other services

Education Health and Care Plan (EHCP) (Statutory Assessment)

Prior to applying for an Education Health and Care Plan (EHCP) it is advised that an Early Help Assessment is completed to identify the needs of the family. The EHA process may identify the need for a Special Educational Needs and Disabilities Team Around the Child (SENDTAC) which is different from the Team Around the Family process detailed in this guidance. The SENDTAC is arranged by the setting following completion of an EHA. The setting can refer to the Hillingdon EHCP guidance for accessing an EHCP for support and information, or contact their SEN co-ordinator.

Statutory Services, eg. Social services/Youth Offending Service

If the family are working with statutory services, the TAF and EHA process will not apply. However, a TAF meeting could be considered as an option when a case is closing. These are known as 'step down' cases. Further guidance regarding 'step down' cases is on page 31.

CAMHS (Child and Adolescent Mental Health Services)

There is a set process agreed with CAMHS as to when a TAF meeting may be appropriate. The TAF Co-ordinator can be contacted for further advice if needed.

Useful contact numbers and websites

TAF Co-ordinator	Telephone: 01895 556144 (ext 6144) Non secure email: taf@hillington.gov.uk Secure email: Belinda.Hearn@hillington.gcsx.gov.uk Address: London Borough of Hillingdon, Link 1A, Civic Centre, Uxbridge, UB8 1UW
Children's social services	01895 556644
Adult social services	01895 556633
EHA website-EHA and other templates and guidance	http://www.hillingdon.gov.uk/eha
Hillingdon LSCB website-Inter agency referral form and guidance	www.hillingdon.gov.uk/lscb http://www.hillingdon.gov.uk/article/15540/Key-documents
Working Together guidance	https://www.gov.uk/government/consultations/working-together-to-safeguard-children-revisions
Eileen Munro report	https://www.gov.uk/government/collections/munro-review
Information sharing guidance	https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice
What to do if you are worried a child is being abused guidance	https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2

Appendices

Appendix One - Example Early Help Assessment

This is an example of a completed Early Help Assessment. This EHA was completed by a school in Hillingdon.

Early Help Assessment

Names of child(ren) and young people who are part of this assessment. Include unborn children and children not living in the family home.				
Last Name	First Name	Age/DOB/E DD	Gender M/F/ Unborn	Religion
<i>Example</i>	<i>Child 1</i>	<i>18/08/09</i>	<i>M</i>	<i>Christian</i>
<i>Example</i>	<i>Child 2</i>	<i>17/01/12</i>	<i>M</i>	<i>Christian</i>
Address: <i>1 A road</i> <i>Uxbridge</i> Postcode: <i>UB8 1AB</i> Telephone number: <i>01895 123 456</i> <i>Home number or mobile number(s) of parent/carer/young person</i>				

Names of other household members who are significant to child(ren) young person				
Last Name	First Name	Age/DOB/E DD	Gender M/F	Religion
<i>Example</i>	<i>Parent 1</i>	<i>10/08/89</i>	<i>F</i>	<i>Christian</i>
<i>Example</i>	<i>Parent 2</i>	<i>24/06/82</i>	<i>M</i>	<i>Christian</i>
Name of parents or carers with whom the child(ren) lives (give address if different from the child)				
Telephone number: <i>01895 123 456</i> <i>Home number of parent/carer if applicable</i>		Mobile number: <i>07541 123 456</i> <i>Mobile number of parent/carer</i>		
Are there any communication/interpreting needs for the child and /or family? <i>Include any communicates needs, eg sign language, interpreter needed</i>				
Do the child and/or family have a disability or special needs? <i>Include any additional needs of parent or child/young person, inc</i>				

Ethnicity					
White British <input checked="" type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other Asian <input type="checkbox"/>

What services are already working with the child / family?			
Name	Agency	Address	Telephone
<i>School name-child 1</i>	School/Nursery	<i>Address</i>	<i>01895 12 12 12</i>
<i>Nursery name-child 2</i>			<i>01895 11 11 11</i>
<i>Dr name</i>	GP	<i>Address</i>	<i>01895 131313</i>
<i>School nurse name-Child 1</i>	Health visitor/School nurse	<i>Address</i>	<i>01894 14 14 14</i>
<i>Health visitor name-Child 2</i>			<i>01895 15 15 15</i>
Was this Assessment completed at the Team Around the Family Meeting? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date of TAF meeting			
Has any other agency carried out an Early Help Assessment? If so please give details with names of services and professionals involved <i>No</i>			
Has any other agency carried out any other assessments? ie social services, youth offending, education reports? If yes please give details <i>No</i>			
What work has your or any other agency completed with the family? <i>Our Family Support Worker has supported the family in the past with regards to housing.</i>			

Why has the early help assessment been started?

Parent/Carers views: *Mum explained that she is worried Child 1 puts himself at risk. He can explain the consequences for his actions but will still follow through with the action. For instance he knows it is dangerous to play with scissors but will continue to do so even when told not to. Compared to his younger sibling, Child 1 does not follow instructions. He finds it very difficult to concentrate and distracts himself away from the task he should be doing. He uses his imagination to make up stories, sometimes to cover up some wrong he has done e.g. he threw a teddy and some foam handles from his bicycle on a neighbours' roof. He told mum a bird had taken them and flown away. At the time she was not sure what he was talking about until she discovered the items on the roof. Mum is not sure whether he does this on purpose or whether he cannot stop himself, she wants to understand why he is making these choices.*

Child/young persons views: *Our family support worker has spoken with Child 1 to get his views. Child 1 said that he does not know why he acts this way and does not understand why people get upset with him. Child 2 is too young to give his views*

Practitioners views:

Child 1 disclosed to a member of staff that he is hit with a running shoe if mum gets cross with him. Also that this form of discipline is used on his younger brother. When mum was asked (22/09/2014) about this she said she does 'tap' him with her shoe when he does not follow instructions and that she needs help with Child 1. When I met with mum the following day to complete the assessment, she said that the incident had only happened once and that it was a year ago. I spoke to social services for advice and they suggested that an assessment was completed with the family to identify the needs of the family.

In class, adults do find that they sometimes need to repeat instructions to Child 1 but he is able to follow them too. This was much more evident at the start of term but since routines have been in place he has made improvements. On occasions he will tidy the table and insists he should continue with the task rather than join the other pupils on the carpet. He will, when the instruction is repeated, join the carpet reluctantly. He can use avoidance tactics to avoid completing work. He can be stubborn and selective about what he listens to with regards to instructions.

Details of professional completing assessment

Name	Role		
<i>Author Name</i>	<i>School name</i>		
Address of organisation	<i>School address</i>		
Contact Number	<i>01895 12 12 12</i>	Email address	<i>name@hillingdonschool.hgfl.org</i>

Development needs for each child

Child 1	Child 2	Child 3
Physical and mental health		
<p><i>Child 1 is a happy, confident child who is very sociable. Mum describes him as being too sociable as he approaches strangers and asks them questions. He is very inquisitive about others and is always asking questions.</i></p> <p><i>Mum says that Child 1 avoids telling the truth, especially when he has made the wrong choice; mum says it is difficult to know if he's telling the truth.</i></p> <p><i>Child 1 was under weight as a baby but he was a hungry baby. Mum was worried about this as the health worker would question the amount he was being fed. Mum said she fed him the amount recommended but he was still losing weight.</i></p> <p><i>Fine motor skills are good. He likes drawing and would do so with a lot of detail even when he was pre-school age.</i></p>	<p><i>Child 2's weight and height are fine. He is very sociable and enjoys playing with other children. When quieter children are around he makes an effort to engage with them.</i></p>	

Education

Mum struggles to do homework with Child 1, she says he often says he can't do it, can't write. She struggles with his reading too, she would bargain with him but this rarely works. Mum has made an arrangement with a friend of hers whose son is in the same class as Child 1. The arrangement is for Child 1 to do homework at her friend's home with his friend.

Mum explained she finds reading and writing difficult herself, this would therefore have an impact on the support she can give Child 1.

School would assess Child 1's ability as average. He is able to read well but will sometimes avoid doing so. He doesn't see the value of working academically but will engage if given an incentive such as a sticker. He will on occasions say he can't do something but when working with a group e.g. a reading group, he will answer the questions of other pupils which

Child 2 is at nursery, the nursery key worker has said that Child 2 is meeting his milestones and doing well in nursery

<p><i>shows he is able to complete the work.</i></p>		
<p>Emotional and behavioural development</p>		
<p><i>Child 1 is caring towards others including adults. Mum explained he does put himself in dangerous situations e.g. running across the road without waiting for his mum. When it's explained that the behaviour is dangerous, he says he knows and smiles, she says he laughs when he's done something serious.</i></p> <p><i>He does things to upset his younger brother, to make him angry e.g. taking his breakfast, toys away from him, throws things at younger brother. Some violent behaviour has been shown towards younger brother. Mum says it is difficult to find time to spend with Child 2 to give him attention without younger brother being present.</i></p> <p><i>He has punched mum in the stomach, loses control when he does not get his own way e.g. pulls on mum's arm and hangs off her leg, dragging her.</i></p>	<p><i>Child 2 is more aware of dangerous situations. He reacts only when Child 1 hits him and hits him back however if another child hits him, child 2 does not react and turns to mum for help.</i></p>	

Identity development		
<i>Child 1 is a confident child who appears happy. His behaviour (as described above) does seem to show he is jealous of his younger brother and the attention Child 2 receives from mum.</i>		
Family and social relationships		
<i>Mum explained grandmother has noticed Child 1 is more aggressive, he understands the consequence but this does not stop him. He doesn't listen to instructions from anyone at home according to mum; she is not sure why he doesn't listen. Mum thought it was for her attention.</i>	<i>Fine with other members of the family, listens to instructions and enjoys interactions with others. He likes socialising with young children his age.</i>	
Presentation		
<i>Well presented, always wearing school uniform. Neatly presented, clean with no problems with hygiene.</i>	<i>Clean and well-presented also.</i>	
Self-care skills		
<i>As explained above, Child 1 does put himself in dangerous situations e.g. runs across the road. He takes a long time to get dressed, he just sits there and</i>	<i>Child 2 is too young to dress himself but will try and help when Mum is trying to get him ready</i>	

<p><i>gives excuses not to get dressed e.g. he's cold. Mum sits with him to encourage him.</i></p> <p><i>He does play with his food and takes an hour to feeds himself which means mum often gets the children up very early.</i></p>		
---	--	--

About the parent(s) capacity in relation to each child

Child 1	Child 2	Child 3
Basic care		
<p><i>Mum tries to get the children to sleep at 7:00-7:30pm. Child 1 can't sleep, he distracts himself and others, keeping himself awake. Tells father when he returns from work that mum hasn't fed him.</i></p>	<p><i>Child 2 goes to bed at 7.00pm but his sleep is disturbed by child 1</i></p>	
Ensuring safety		
<p><i>Mum explained she always keeps an eye on the boys especially Child 1 to check he plays nicely with his younger brother.</i></p>	<p><i>Mum does her best to keep on eye on both children at home but she is worried that Child 1 will sometimes lash out at his sibling.</i></p>	
Emotional warmth		
<p><i>Child 1 cuddles mum all the time, often says he loves mum. When he makes the wrong choice he will constantly say sorry for being naughty but does it again.</i></p>	<p><i>The school have seen a good bond with mum and child 2 when she picks up child 1 from school. Child 2 is very responsive to mum and will seek reassurance when he meets new people.</i></p>	

Stimulation		
<i>Mum tries to play with the children; however they are fighting for her attention. Mum does not play joint game with the boys as they end up fighting.</i>		
Guidance and boundaries		
<i>Mum explained she does a countdown 3, 2 ,1 and then stand up which makes Child 1 panic and sometimes he will then follows instructions. She asks him to sit on the chair to have a timeout. If mum has given an instruction which he hasn't followed, mum asks him to stay in one place and mum does what she has asked him to do e.g. tidy up. When she explains, he apologies but does it again later. He screams and throws things around if he doesn't get his own way.</i>		
Stability		

Environment and family circumstances for each child

Child 1	Child 2	Child 3
Family history and functioning		
<p><i>Mum lost her father to suicide in December 2009 and father's mother passed away with cancer in June 2009. Child 1 was born in August 2009 between these two tragic events.</i></p>		
Wider family network		
<p><i>Grandmother lives across the road and is supportive if mum needs to talk to her. Mum prefers to deal things by herself with partner's help rather than rely on her mother.</i></p> <p><i>Partner's family aren't involved, partner's sister recently back in family's lives.</i></p>		
Housing		
<p><i>The family live in a studio flat which is privately rented. The living and bedroom area are in the same part of the house, separate kitchen. The family have been there for four years. Limited living space does impact on parents' relationship, leading to disagreements but not in front of the children mum explained.</i></p>		

Employment		
<i>Children's father works full time. Mum would like to work but finds it difficult with two young children. She does volunteer and is currently volunteering in school, working on gardening.</i>		
Income		
<i>Father works full time, he does extra work to cover bills and rent. There is some debt, mum manages the household budget. Father has a gambling problem which is starting to cause problems. Child benefit and tax credit is received to supplement income.</i>		
Social integration		
<i>Old neighbour who lived above was threatening his own wife and used bad language. Child 1 would say, 'the man upstairs is shouting again.' The man has now moved out but his wife is still living there. It is quieter since the neighbour has moved out. Mum often meets the neighbour's wife and child 2 plays with the neighbour's daughter.</i>		

What are the families' goals? What outcomes are being sought?

- *Would like to see changes in Child 1's behaviour so that he listens to instructions.*
- *He has a more caring and loving relationship with his younger brother and does not seek to upset him.*
- *Improvements in his attitude to his learning, wanting to do his homework and learning independently.*
- *Would like to see Child 1 making decisions where he does not put himself in danger. He understands the risks and will act in a safe way.*
- *Housing does have an impact as the family are all in one room.*

Plan of intervention for the family.**Child 1**

- *Child 1 to be taken to the GP for a referral to the Child Development Centre*
- *Child 1 to be seen by school educational psychologist*
- *Team Around the Family Meeting to be arranged to consider housing, discussion regarding child 1's behaviour and progress at school sibling*

Agencies to be invited to Team Around the Family meeting

- *Class teacher*
- *Pastoral support*
- *School family support worker*
- *School nurse*
- *Health Visitor*
- *Nursery*
- *Families Information Service*
- *Children's centre*
- *Educational psychologist*
- *Key working service*

Child 2

- *Team Around the Family to be arranged*
- *Discussion with nursery/Families Information service to ask whether more nursery hours can be offered to family*
- *Health visitor to visit family prior to Team Around the Family meeting*

Child 3 N/A

Date of Review

Outcomes Achieved

Parent / child's consent for information storage and information sharing

<p>I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:</p> <p><input checked="" type="checkbox"/> Me</p> <p><input checked="" type="checkbox"/> Child or young person for whom I am a parent</p> <p><input type="checkbox"/> Child or young person for whom I am a carer</p> <p>I have had the reasons for information sharing explained to me and I understand those reasons I agree to the sharing of information between the services listed below. I agree that information can be shared between these agencies for the purpose of carrying out at assessment.</p>	
1. Education	3. Early intervention services
2. Housing	4. Health

Signed (child or parent)	Parents signature	Name	Parent 1 Example	Date	01/11/14
--------------------------	--------------------------	------	-------------------------	------	-----------------

Signed by practitioner	Author signature	Name	Teacher name	Date	01/11/14
------------------------	-------------------------	------	---------------------	------	-----------------

Appendix Two-Example TAF plan

This is an example of a TAF action plan following on from the above example EHA

Personal details

Given name(s)
 Family name Date of Birth or Estimated Due Date

Address
 Postcode Male Female Unborn

Lead Professional details

Name Agency/Relationship Email

Address
 Contact Number(s)

Review date

Desired outcome (as agreed with child, young person, family)

Desired outcome (as agreed with child, young person, family)	Action	Who will do this?	By when?	Progress & comment	Date closed
<i>Parents feels enabled to manage child 1 behaviour</i>	<i>Key worker to work with both parents on boundaries and routines with both children</i>	<i>Key worker and both parents</i>	<i>01/03/15</i>		
<i>Assessments are completed to ensure there is not a medical reason for child 1's behaviour</i>	<i>Educational psychologist to observe child 1 in school.</i>	<i>Educational Psychologist</i>	<i>31/01/15</i>		
<i>Mum feels skilled to help children with homework</i>	<i>Mum to attend maths and literacy classes at children's centre</i>	<i>Mum</i>	<i>01/03/15</i>		

People present

- *Parents x 2*
- *Child 1 (part of meeting)*
- *Class teacher*
- *Pastoral support*
- *School family support worker*
- *School nurse*
- *Health Visitor*
- *Nursery*
- *Families Information Service*
- *Children's centre*
- *Educational psychologist*
- *Key working service*

Review delivery plan and update with any agreed further action

Next steps

Above plan put in place. Actions agreed at the meeting were:

- *Child 1 to attend school homework club from 08/12/14*
- *School to offer after school activities for child 1 in next school term. Child 1 said he would like to attend the football club.*
- *Key worker to meet with mum and family at home, date to be arranged outside of meeting.*
- *Educational psychologist to observe child 1 at school in January 2015*
- *Child 2 will attend nursery 3 days a week from 05/01/2015 (Child in Need funding in place until 31/03/15)*
- *Mum to attend adult education classes to improve maths and English skills at the children's centre. The children's centre will offer child 2 a place at the crèche*
- *Mum to attend P3 appointment at children's centre regarding housing advice on 10/12/15*
- *A referral to the Child Development Centre has been made, parent s to ensure that they take child 1 to the appointment*

School appointed as lead professional

Date of next meeting 02/03/2015 and will be held at the primary school

Can the TAF be closed?

Yes

Reason for closure

No

Agreed review date

02/03/15

Review notes

Full notes removed to ensure case is kept anonymous.

Areas discussed:

- *Parents views-What their expectations of the meeting are and what they would like to happen*
- *Child 1 behaviour at home*
- *Child 2 behaviour at home*
- *Child 1 behaviour at school*
- *Child 2 behaviour at nursery*
- *Academic progress of child 1 and child 2*
- *Housing*
- *Update from health visitor*
- *Families Information Service offer regarding Child in Need Funding*
- *After school activities*
- *Homework/School Homework Club*
- *Referral to Child Development Centre*
- *Referral to Educational Psychologist*
- *Update from school Family Support Worker*
- *Key Working Service offer of working 1:1 with family in the home*
- *Children's Centre offer of sessions at children's centre, adult education classes and P3 housing advice*

Child 1 brought in at end of meeting to express his view

Date of next meeting 02/03/2015 and will be held at the primary school

Actions agreed:

- *Child 1 to attend school homework club from 08/12/14*
- *School to offer after school activities for child 1 in next school term. Child 1 said he would like to attend the football club.*
- *Key worker to meet with mum and family at home, date to be arranged outside of meeting.*
- *Educational psychologist to observe child 1 at school in January 2015*
- *Child 2 will attend nursery 3 days a week from 05/01/2015 (Child in Need funding in place until 31/03/15)*
- *Mum to attend adult education classes to improve maths and English skills at the children's centre. The children's centre will offer child 2 a place at the crèche*
- *Mum to attend P3 appointment at children's centre regarding housing advice on 10/12/15*
- *A referral to the Child Development Centre has been made, parents to ensure that they take child 1 to the appointment*

School teacher appointed as lead professional

Child or young person's comment on the review and actions identified

Child 1 was brought into the meeting by his mum and was initially shy. Due to Child 1's young age he could not fully express himself. He said he liked school and liked playing football. He said he had a best friend at school but did not like X because he shouts all the time. (The school said they were aware of this situation and are addressing this) Child 1 says that he sometimes finds school hard and doesn't like writing or doing the work at home. Child 1 was asked whether he would like to do some fun things after school and he said he would like to play football.

Parent or carer's comment on the assessment and actions identified

Both parents said that they were "at the end of their tether" and did not know what to do about child 1's behaviour. Mum said that she feels she is not able to manage and finds it difficult. Mum says she does most of the caring of the children as Dad is at work all day. The parents were asked what their priorities for the meeting were and they said they want help with Child's 1 behaviour, and want to know if there is something "wrong" with him as they cannot see why he is acting the way he is. Both parents said they would like to move as they are all living in a studio flat but they cannot afford to pay any more rent for a bigger house. Mum said that she feels that she never has any time to herself and would like some time to herself just to get the house straight. Both parents agreed to the TAF plan and actions and agreed to working with the TAF group and further meetings.

Appendix Three-Early Help Assessment Audit Tool

Early Help Assessment audit tool

Child and young person's background and characteristics	
Initials	
ID Number	
Age (years & months)	
Ethnicity	
Language(s) (interpreter?)	
Religion (practicing?)	
Nationality	
Immigration status	
Disability	
SEN	

EHA Date	
EHA Author	
EHA Agency	
Date of audit	
Name of auditor	

Please use the following scoring criteria when assessing quality of process, intervention and outcomes:

Not completed/No = 0	Poor = 1	Satisfactory = 2	Good = 3
Section should have been completed but was left empty No evidence Insufficient information	Unclear why being assessed or referred Level of need inappropriate Service involvement requested rather than on outcomes	Brief comments but clearly stated Levels correct Outcome focussed	Comments are clear and purposeful and linked well to evidence Levels correct and good evidence Strong picture of outcomes needed with appropriate action steps

1: Name of Family and Identifying Details		Comments (Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)		Score
1.1 Are the personal identifying details of the family entered onto the Early Help Assessment? (i.e. all area on page 2 of the EHA). If only partially completed please put notes in comments	Y	N		
2: Existing services		Comments (Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)		Score
2.1 Is this section fully completed and provide an overview of existing or recently provided services clear?	Y	N		
3 : Reason for Assessment		Comments (Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)		Score
3.1 Is this reason for assessment clear and do they reflect the views of the family, Child/young person and assessing agency?	Y	N		
4: Assessment Information		Comments (Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)		Score
4.1 Developmental needs of each child	Information sourced/evidenced based, non judgemental	Y	N	
	Strengths/position included	Y	N	
	Parent/carer engagement in process	Y	N	
	Child/young person engagement in process or needs of child/young person appropriately represented	Y	N	
4.2 Parent/carer's capacity in relation to each child	Information sourced/evidenced based, non judgemental	Y	N	
	Strengths/position included	Y	N	
	Parent/carer engagement in process	Y	N	
	Child/young person engagement in process or needs of child/young person appropriately represented	Y	N	
4.3 Environment and family circumstances for each child	Information sourced/evidenced based, non judgemental	Y	N	
	Strengths/position included	Y	N	
	Parent/carer engagement in process	Y	N	
	Child/young person engagement in process or needs of child/young person appropriately represented	Y	N	
4.4 Are the views of the family, including child/young person, included in the assessment?	Y	N		
5: Families goals		Comments (Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)		Score
5.1 Are the outcomes being sought by the family clearly identified?	Y	N		
6: Conclusions, solutions and actions		Comments (Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)		Score
6.1 Is the plan of Intervention Smart (Specific, Measurable, Achievable, Realistic, Timely)	Y	N		
6.2 Does the EHA plan include calling a TAF meeting?	Y	N		
6.3 Is there a date to review the plan?	Y	N		
6.4 Have the outcomes been achieved and evidenced?	Y	N		
7: Consent		Comments (Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)		Score
7.1 Has the consent section (page 8) been fully completed?	Y	N		
Total Score				

TAF plan audit tool

Child and young person's background and characteristics	
Initials	
ID Number	
Age (years & months)	
Ethnicity	
Language(s) (interpreter?)	
Religion (practicing?)	
Nationality	
Immigration status	
Disability	
SEN	

EHA Date	
EHA Author	
EHA Agency	
Date of audit	
Name of auditor	

Appendix Four-TAF plan Audit Tool

Please use the following scoring criteria when assessing quality of process, intervention and outcomes:

Not completed/No = 0	Poor = 1	Satisfactory = 2	Good = 3
Section should have been completed but was left empty No evidence Insufficient information	Unclear why being assessed or referred Level of need inappropriate Service involvement requested rather than on outcomes	Brief comments but clearly stated Levels correct Outcome focussed	Comments are clear and purposeful and linked well to evidence Levels correct and good evidence Strong picture of outcomes needed with appropriate action steps

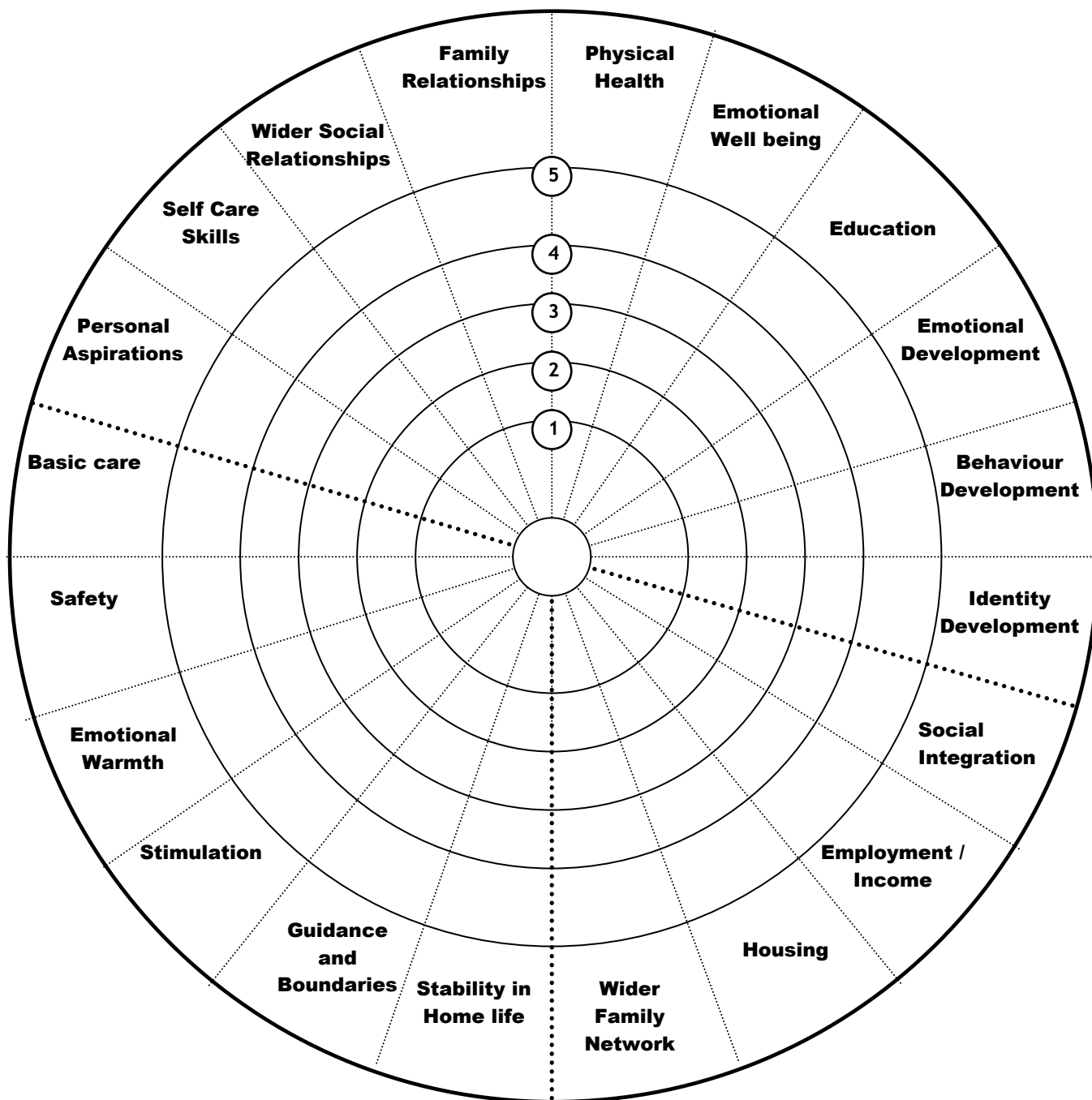
1: TAF meeting			Comments (Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)	Score
1.1 Is the TAF plan SMART (Specific, Measurable, Achievable, Realistic and Time bound)?	Y	N		
1.2 Has the TAF plan been reviewed? (if applicable)	Y	N		
1.3 Has a date for the next TAF meeting been arranged?	Y	N		
1.4 Are the parents/child/young person's views recorded?	Y	N		
1.5 Is there evidence that interventions has been delivered?	Y	N		
1.6 Has a lead professional been appointed?	Y	N		

			Total score
2: Existing services	Tick appropriate outcome		Comments
			(Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)
2.1 All outcomes for family met			
2.2 Escalated to children's social care			
2.3 Escalated to other tier 3/4 service-please note in comments box			
2.4 Step down to universal services-please note in comments box			
2.5 Closed due to non engagement			
2.6 Other-Please note in comments box			

Appendix Five-Outcome Wheel

Name of Family :
Date Profile Completed:

Developmental needs:
How is the child developing in these areas?



Parents Capacity :
Are the parents able/ equipped to provide the following :

Family Circumstances:
How do these external factors help the child to develop?

- Key**
- 1: Significant concerns - must improve
 - 2. Quite concerned - lets work hard at improving this
 - 3. Not great - need to do something
 - 4. OK - may not be too serious but could be better
 - 5. Great - a real strength

Appendix Six-Parent evaluation form



FAMILY KEYWORKING SERVICE (TAF)

Post Intervention Parent/Carers Evaluation Form

Family Key Working Service (FKWS) wants to know what you thought of the service we provided and how we can improve our service. The information you give us will help us to do this.

Your Name: -----

Date:-----

Lead Professionals name:-----

	Not at all	Somewhat	Very much	
1. Are things better for your family now?	1 2	3	4 5	
2. Have you achieved the outcomes of the Team Around the Family (TAF) plan?	1 2	3	4 5	
Please tell us what you found useful?				
3. Do you feel your views were taken into account?	Yes		No	
4. Has the TAF process enabled you to access other services?	Yes		No	
5. How satisfied are you with the TAF process?	Not at all	Somewhat	Very much	
	1 2	3	4 5	

	Please describe what parts of the process you found most helpful		
6. Do you feel confident your family can continue with progress made?	Not at all	Somewhat	Very much
	1 2	3	4 5
7. How can we improve the TAF process?	Please write your answer here:		

Total Score=

Thank You for taking the time to tell us what you think, this information will help us improve our service 😊 !

Appendix Seven-Young person
feedback form



FAMILY KEY WORKING SERVICE TAF PROCESS
YOUNG PERSON FEEDBACK FORM

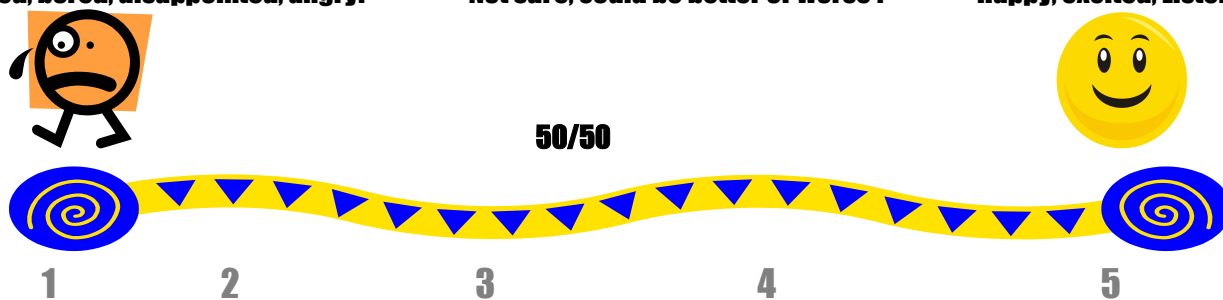
YOUR NAME: ----- **DATE:**-----
AGE:-----

1. How do you feel about the support the Team Around the Family (TAF) offered you.....?

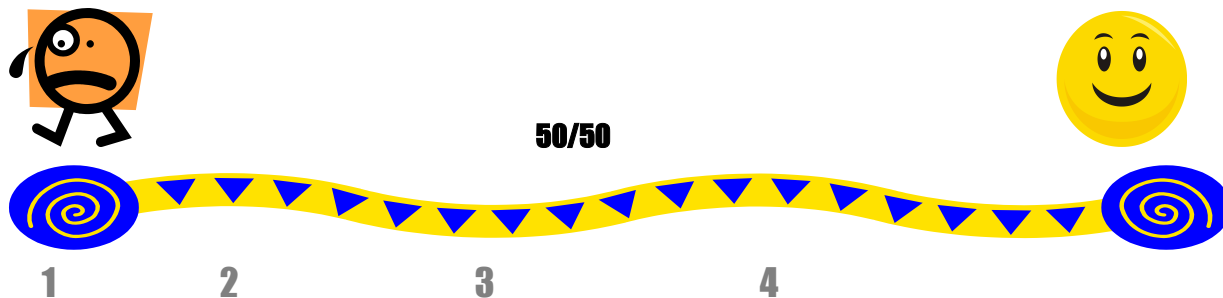
Confused, bored, disappointed, angry!

Not sure, could be better or worse !

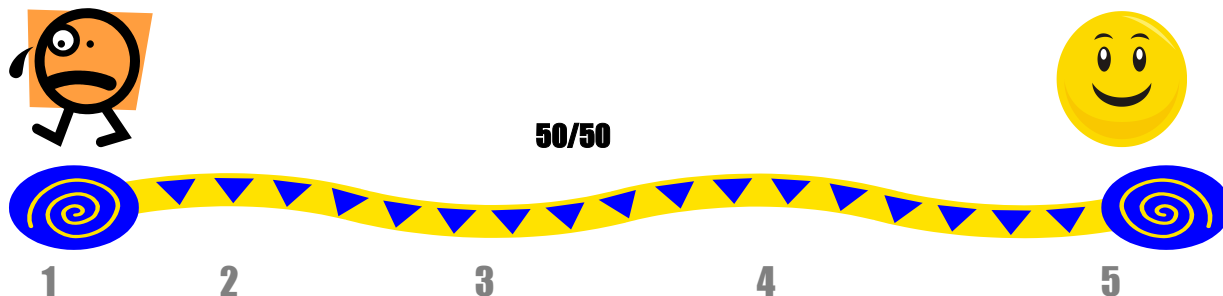
Happy, excited, Listen to!



2. Do you feel you were able to have your say and listened to



3. Do you feel the TAF meetings helped you.....?



4. How can we improve how we work with young people.....?

Add your own words here

.....

.....

.....

Total score =

Thank You for taking the time to tell us what you think, this information will help us improve our service for young people !