1. Purpose of Guidance

Oxfordshire County Council has created the Early Help Assessment (EHA). The EHA has been created using feedback from children, young people, parents and professionals across Oxfordshire. The EHA promotes more effective, earlier identification of additional needs, particularly in universal services. It is intended to provide a straightforward process for a holistic assessment of a child and young person’s needs and strengths, taking account of the role of parents, carers and environmental factors on their development. The assessment is designed to consider the needs of the whole family as practitioners will then be better placed to agree, with the child, young person and family, about what support is appropriate. The EHA will also help to improve integrated working by promoting co-ordinated service provision.

The EHA must be completed prior to the TAF taking place.

The TAF Practice Guidance is designed to be read in conjunction with the overarching TAF Practice Framework – Oxfordshire Children and Families [www.oscb.org.uk/themes-tools](http://www.oscb.org.uk/themes-tools).

The TAF practice guidance has been produced collaboratively in consultation with practitioners and managers across Children’s Services in Oxfordshire to support the consistent implementation of the TAF working model described within the Framework. It is designed to support staff across the Family Solutions Service (FSS) in working with children and their families. Whilst the guidance is not exhaustive and will evolve, it aims to provide workers with an overview of this area of work, provide operational clarity and promote best practice.

The guidance is for supervisors and practitioners supporting children, young people and families with Team Around the Family plans across the service. Practitioners include early help (EH) practitioners, lead practitioners and family support workers working across non-statutory teams.

2. Practice Principles

The principles behind the practice guidance include:

**One worker leading and providing interventions**

Children, young people and their families will have one key worker assigned to work with them to progress the TAF plan; this worker will undertake direct work with children,
young people and parents/caregivers, adopting a “think family” approach. Where it is identified in the plan that additional interventions are required from another part of the service or from a partner agency this work will be in full collaboration with the keyworker.

Families will be allocated the worker best able to deliver the right intervention at the right time; this could be an Early Help Practitioner, Lead Professional or Family Support Worker.

**Relationship based and Restorative**

It is well established that relationship-based practice is most effective in achieving best outcomes for children, young people and families, and that working with one worker prevents the need for family members to “re-tell” their story to multiple professionals. Restorative approaches work from a needs premise which include a balance of challenge and support and as such empower families to make the necessary changes and ensure we are working with and in partnership with parents to improve outcomes for children.

*A Pocket Guide to Restorative Practice.*

### 3. Consent

The Family Solutions Services work with families is based on consent. Agreement will be sought from those with parental responsibility for any intervention or services for their family usually by the worker completing the Child & Family or Early Help Assessment. Children of an age and/or understanding, particularly those aged 16 or over, will be asked for their consent.

Consent for information about families to be shared will also be established at the outset of any Early Help involvement, usually following a referral and the completion of the Child & Family or Early Help Assessment.

If parents refuse consent after the worker has made sure that they have been given full information about the benefits of the support, this refusal should be accepted and recorded. If it is considered that the child is likely to suffer significant harm without intervention or if relevant information about the child and/or their family is shared, then a case discussion may be made with the Children and Family Assessment Team, the Children & Family Assessment Team or a direct referral to the Multi-Agency Safeguarding Hub (MASH). Consent is then not required, but parents should be informed of the change of approach and the reasons for the concerns.

### 4. Threshold of Needs

Team Around the Family Plans sit within level 2b (Level 2b Additional Needs) of Oxfordshire’s Thresholds of Needs. Children and young people, including disabled/seriously ill children and young people, who may become vulnerable and who will require additional support due to their own development, family circumstances or environmental factors. They are at risk of not reaching their full potential and life
chances may be impaired without additional services. This can be a single or multi-agency response and won't always necessitate a response from the statutory teams.

Oxfordshire Threshold of Needs 2019

5. Allocation of cases

The Children and Family Centre Manager will decide who is best placed to support the family based on their knowledge of the family and their team. Allocations will be guided by what is in the best interests of children, young people and their families, existing productive relationships and the skill set and expertise required to take the plan forward.

6. Pathways to a TAF plan

There are several pathways by which a children, young people and families can be made subject to a Team Around the Family plan.

Locality Community Support Service (LCSS) to Early Help
Cases can transfer to EH, FSS via the Area Transfer Meeting if the EHA and/or TAF meeting identifies that extra support for a family is required.

Children and Family Assessment Team (CAFAT) to Early Help
A child has been assessed by a Social Worker in the Children and Families Assessment/ Hospital Teams as reaching threshold for community planning and support. Case transfers to the FSS via the local Area Transfer meeting and will require the Outcome Star to be completed at the initial transfer meeting.

Stepping down from a Review Child Protection Conference (RCPC)
Where required and threshold for statutory intervention is not met, there may be circumstances when a child’s needs at the end of a child protection plan can most appropriately be met through a TAF.

Children’s Disability Assessment

A disabled child’s needs have been assessed as requiring a TAF plan by a CAFAT or children’s disability social worker.

- It should be noted that many disabled children are supported by the FSS because their needs do not meet the eligibility criteria of the children’s disability service.

- The needs of a disabled child must be considered within any assessment carried out, whichever team or professional is assessing.
- The Children’s Disability Team must be consulted with for advice.

7. Initial TAF meeting

The child or young person and/or their parent/carer must be kept at the centre of the process.
The TAF plan will be managed and progressed through a multi-agency team around the family. An initial TAF meeting will be held within 2 weeks of completion of a Child and Family Assessment (Single Assessment) or EHA wherever possible. The initial TAF meeting should not be unduly delayed due to the unavailability of partner agencies; the need for agencies to attend the initial TAF meeting must be balanced against the need for timely commencement of the TAF plan.

The initial TAF meeting should be set up by the transferring team and will include the child or young person where appropriate, parents and carers and significant family members and professionals. It is important that those agencies and individuals invited to attend are the ones that the parents and/or the child consider can help, support or assist them and/or those who can best promote the wellbeing of the child. The assessing worker should discuss potential attendees for the Team Around the Family Meeting with the parents/carers and/or the child prior to arrangements being made for the meeting. It is the responsibility of the assessing worker to ensure consent is in place. The Early Help Assessment or the Child and Family Assessment must be shared with the family by the author prior to the meeting. The Family Star should be introduced to the family by the assessing social worker prior to the initial TAF meeting.

Parents/caregivers’ attendance is crucial; if parents/caregivers repeatedly fail to attend this important planning meeting, consideration needs to be given to their commitment to the TAF framework and capacity to work within this.

It is important that appropriate venues suitable for the child and his or her family are used for the meeting. This may be at the Children and Family Centre, school or in the family home. Consideration must be given to transport, timing and any child care issues.

The meeting is an opportunity for a child and his or her parents/carers, together with key agencies, to identify and agree the package of services required and to develop the TAF plan. The recommended plan should be discussed and agreed by the assessing worker and the family prior to the transfer meeting.

The receiving allocated key worker and manager should have read the Child and Family Assessment or EHA and any relevant historical social care information in preparation for the TAF meeting with a view to be clear on the level of risk, bottom lines and what needs to change.

The Outcome Star should be completed by the allocated Lead Professional at the initial TAF meeting when cases are transfer to EH, FSS from C&FAT.

The receiving allocated worker will ensure an attendee list is circulated to capture all of those present within the minutes.

The TAF meeting will be chaired by the receiving EH team. A decision will be made as to who is best placed to chair depending on the specific issues of the case and the availability of the Centre Manager, Senior or Lead Practitioner.

At the end of the meeting, the TAF plan will be drawn up by the chair. The plan will be copied to those involved, including the child and parent/s. Minutes of TAF reviews will
be taken either by the key worker, another professional within the review TAF meeting or in more complex cases by an administrator if available. The record of discussion should be a succinct summary of the points raised with the focus being on the review of the progress of the plan measured against the desired improved outcomes for the child.

The TAF meeting minutes and plan should be shared within two weeks of the meeting. A date for the next review TAF meeting will be arranged at the meeting.

The structure and format of the meeting should include:

- Introductions, identify chair (and possible deputy) and minute taker
- Agree timings (meeting should last no more than 1 hour)
- Set ground rules e.g., agencies submitting a report if they are unable to attend.
- Asking the child/ parent what they hope to get from a plan?
- Discussion around what led to the assessment
- Clear expectations on what needs to change
- Completing the Outcome Star at the initial transfer meeting when cases are transferring from C&FAT.
- Identifying when services can 'walk away' what will cause the case to escalate.
- Professional information sharing and updates

Where a child is too young to attend or when there are other reasons for them not to attend, for example because they would become distressed or anxious, their views should be clearly represented in the meeting. Special consideration must be given to how this will happen for children and young people who communicate in non-verbal ways.

8. Team Around the Family Plan

1. This Plan should be reviewed and updated at a minimum of 3 monthly intervals at a TAF Review meeting. For disabled children receiving a care package about whom there are few concerns reviews can be held 6 monthly.

2. The Plan should be completed with parents/carers and child/young person where age appropriate and should be given a copy of the Plan.

3. The Plan should incorporate actions and services provided by other agencies, in consultation with them.

4. The Plan should be specific about actions to be undertaken by parents/carers, children and young people, where appropriate, and clearly set out the expected outcomes for the child/young people as a result of these actions.

TAF plans need to be informed by either the single assessment or EHA, drawn up alongside and owned by the family as part of the Family Star Plus. Plans should be based on agreed outcomes for the child and consider their health, education welfare and social relationships. Plans should not be a wish list or a list of actions for the parents or referrals. They should be realistic, succinct and timebound with a clear expectation set of what it needs to look like for the TAF plan to end.
TAF plans must consider the needs of any disabled children in the family. FSS key workers should consult with the children’s disability teams to ensure that the plan addresses these needs and how they might be met. There is a range of provision that can support disabled children, for example, via the SEND local offer.

The plan will update and address the following:

- Needs/risks identified
- Actions to reduce risks/needs
- By whom?
- By when?
- Outcomes (what will be different for the child/ young person).

Most TAF plans will envisage the cessation of services within 6-9 months. However, exceptionally, it may be that to prevent a crisis from being reached, some children and families may require longer-term support. Some exceptions may include disabled children, children whose parents/carers are disabled or children of asylum seekers.

Initial TAF plans should be quality assured and signed off by the Early Help Team Manager or Lead Practitioner.

9. Review TAF Meetings

Review TAF meetings should be held every 8 weeks. These will be chaired the Lead Professional depending on the nature of the issues.

The record of the TAF review will also include an updated assessment of need and any risk for each family member and will include strengths and protective factors which will be completed by the key worker and shared with the family in advance of the meeting. The worker will also include an update of their analysis and professional judgement and record the view of the child and parent or carer.

The subsequent TAF meeting review includes:

- Revisit initial needs and desired outcomes using the Outcome Star has a tool to measure progress.
- Updated assessment since last review meeting
- Updated needs and risks for each child/young person
- Updated family strengths and protective factors
- Analysis and professional judgement
- Recommendations for further work to be done
- Review of plan and record of discussion
- Any other information about how the plan is progressing
- Views and Comments
- What are the child(ren)’s views
- What are the parents’ / carer’s views?
- Any other views
- How will we know the plan is working?
• What might happen if the plan does not work? (Contingency plan).

10. Reviewing TAF cases

There are a variety of options available for cases which appear ‘stuck’. For example, signs of safety case mapping, one-to-one consultation with Service Manager, the Clinical Team, EH or Statutory Managers.

The review will be led by the key worker, who should invite or seek the views of the child, parents and any service providers. The TAF members will agree who is best placed to minute it.

If at the last minute the key worker is unable to attend and their manager is unable to identify a replacement a decision should be taken about whether the meeting can be rearranged. If it is in the best interests of the child for it to still go ahead, responsibility for chairing should be delegated to another professional already signed up to the TAF plan.

The purpose of the Review is to ensure that the services provided are contributing to the achievement of the objectives within the time-scales set.

The outcome of the Review will determine if the family continues to require services. This could result in: a recommendation to the manager that the case be stepped down to community-based services where the Lead Professional is from another agency involved in the meeting (LSCC to be notified), or closed; or, where the family continues to need the same level of services, TAF remaining as the Plan; or, where the family requires an increased level of service to safeguard the child(ren)’s welfare, the possible need for further assessment.

The record of the review should be completed and circulated within the timescales set out for Initial meetings.

11. Frequency of Visits

Visits undertaken as part of TAF plans should be planned and purposeful with objectives that are agreed in partnership with families to improve outcomes for children. Unannounced visits would not usually be undertaken unless in consultation with families as part of the plan or in response to a set of circumstances, for example difficulties in contacting the family, or a potential safeguarding issue.

The frequency of key worker visits will depend on the needs of the child and family and the aims and objectives of the plan. However, it is expected that for the majority of new interventions children and families will be visited at a minimum of a fortnightly basis. There will be some interventions with families that will require more frequent levels of visits at the outset. The balance of visits between children parents and carers will depend on the needs of the child and the focus of the plan.

Children should be seen alone on a minimum of a monthly basis. It is expected that children will be seen more often when direct work with them is the focus of the
intervention, and it is envisaged that frequent visiting to undertake targeted direct work will reduce the overall duration that statutory planning remains warranted.

Where TAF plans are agreed as part of a step-down process for children subject to child protection or CIN Planning the visiting frequency will be informed by the on-going needs of the children and the requirements of the plan.

12. Recording of visits

Practitioners should be respectful, open minded, professionally curious and critically reflective within their EH visit recording. All recording of visits should be relevant and succinct with a clear distinction between fact, observation and opinion. Recording of EH visits and direct work should include professional analysis and reflection on plan progression and the impact on and outcomes for children, of the work completed thus far. Visits should be written up on the child’s electronic record as soon as possible and within one week of it having taken place.

Children

The recording of visits to children should reflect their lived experience, and clearly capture the voice of the child, whether directly expressed, or through observations of interactions of the child with the key people in their life.

Visits to children will be recorded on the relevant episode on the child’s electronic record. Where more than one child is seen visits can be copied over. Visit episodes should not be copied over to the records of children that have not been seen.

Where evidence based tools and interventions are used they should be copied and uploaded to a child/young person’s electronic record and cross referenced in the visit write up.

Parents and Carers

Visits to parents and carers where children are also seen should be recorded in the EH visit episode. Where the child is not seen the visit should be recorded in a case note.

13. Review of EH Assessments

Assessments are fluid, dynamic processes rather than a single event and the keyworker will update the assessment as part of the cycle for the review of the TAF plan against the desired outcomes for the child considering the dimensions of the assessment framework. The assessment process will be informed by a genogram to be completed or reviewed at the start of an intervention and the significant events chronology which the key worker should update as a minimum, every 3 months.

Where a child has been subject to a TAF plan for more than 12 months it is expected that a new EHA will be undertaken following a full management review of the case file.

14. Targeted Work and Interventions with Families
It is expected that the work undertaken by the key worker will be the primary intervention with the family, however there are a range of targeted interventions available both internally and through partners that should be considered depending on the area of need identified within the assessment and plan. They include:

- FGC (Family Group Conference)
- Family Links parenting programme
- Take 3 parenting programme
- EET Support (for young people not in education, employment or training)
- Freedom Programme
- Recovery Toolkit via community partners
- Protective Behaviour programme for primary aged children
- DAY programme via community partners
- Reducing the Risk (for perpetrators of DA) via community
- Building Respectful Families (SAFE)
- Aquarius
- Troubled Family Employment Advisors
- Young Carer's Service
- Consultation with children’s disability teams

It is important that interventions offered are relevant to presenting concerns.

**15. Tools to inform assessment and intervention**

Children’s practitioners in Oxfordshire have access to a comprehensive range of resources and approaches accessible through the practitioner toolkit and the learning and development offer.

They include:

- Mind of My Own
- Genograms
- Family Star Plus
- Childcare and development checklist
- Child Exploitation indicator tool (Child Sexual Exploitation, Child Drug and Criminal Exploitation)
- DASH (Domestic Abuse, Stalking and Harassment checklist)
- Graded Care Profile
- Tools to support the Assessment Framework for children in need and their families (DoH) including Daily Hassles questionnaire, alcohol checklist, home conditions checklist etc.
- Turning Point, Audit C
- Three Houses / Wizards and Fairies
- The Worry Monster/ Bag of worries
- MARAMP (Multi-agency Risk Assessment and Management Plan)
- Who Am I? work book
- It’s About Me work book
Helping Hands

16. Management Oversight and Supervision

All TAF cases will have management oversight.

In accordance with OCC supervision guidance, TAF cases open to the Family Solutions Service will be reviewed in supervision as a minimum every month.

As well as providing a safe, reflective space to think critically about the child’s experience and the progress of the plan, supervision should also be used to review the frequency of visits, the quality of the plan and ensure that the child’s electronic record is accurate and up to date.

Where there is a safeguarding incident or emerging safeguarding concerns, there will be a consultation with a statutory manager who will decide about whether to convene a multi-agency strategy discussion.

Management Review of Plans

There should be a comprehensive review of a TAF plan open to FSS by a manager after 6 months. This should include a review of the progress of the plan against the agreed outcomes for the child and a consideration of the level of need with reference to Oxfordshire’s Threshold of Need.

Where TAF plans open to FSS remain active at 9 months, there should be a review by an FSS Service Manager. It will be the allocated worker and their Manager’s responsibility to notify their service manager of TAF open for 9 months or more.

17. Concluding TAF plans

TAF plans should be concluded once the threshold for EH intervention is no longer met. The decision to end a TAF plan should be made in consultation with family and professionals and agreed in supervision.

Clear plans need to be put in place to ensure that the ongoing support needs of the child and family are met. This could be achieved through an FGC or a TAF held within the community and supported by LCSS.

18. Closure

A letter should be written to the family to inform them of the agreed closure. The letter should include the reason for service involvement, an overview of the work completed, a summary of progress achieved and next steps for the family. This letter should be copied to all relevant professionals and retained on the child’s file.
Links and Appendices

- Multiagency Practitioner Toolkit
- OCC supervision guidance
- Neglect Practitioner Portal
- Procedures manual
- Link to Threshold of Needs
- Team Around the Family Practice Guidance