

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



**HILLINGDON**  
LONDON



Hillingdon  
**LSCB**  
local safeguarding  
children board

[www.hillingdon.gov.uk](http://www.hillingdon.gov.uk)

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## 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, and reviewed and revised in July 2016. 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 Early Help Co-ordination team 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 a Team Around the Family (TAF) Co-ordinator

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

A 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.

### Contact details for the TAF Co-ordinators and Early Help Co-ordination Team

	Non-secure email (ensure the document is password protected)	<a href="mailto:taf@hillington.gov.uk">taf@hillington.gov.uk</a>
	Secure email	<a href="mailto:TAFhillington@hillington.gcsx.gov.uk">TAFhillington@hillington.gcsx.gov.uk</a>
	Postal address	London Borough of Hillingdon 4E/05, 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 [http://www.hillingdon.gov.uk/media/31147/Threshold-document--Continuum-of-help-and-support/pdf/london\\_thresholds\\_guidance\\_3.pdf](http://www.hillingdon.gov.uk/media/31147/Threshold-document--Continuum-of-help-and-support/pdf/london_thresholds_guidance_3.pdf) and the Working Together 2013 guidelines: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

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 556633. 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: <http://www.hillingdon.gov.uk/article/28335/Use-of-the-inter-agency-referral-form-and-the-early-help-assessment>

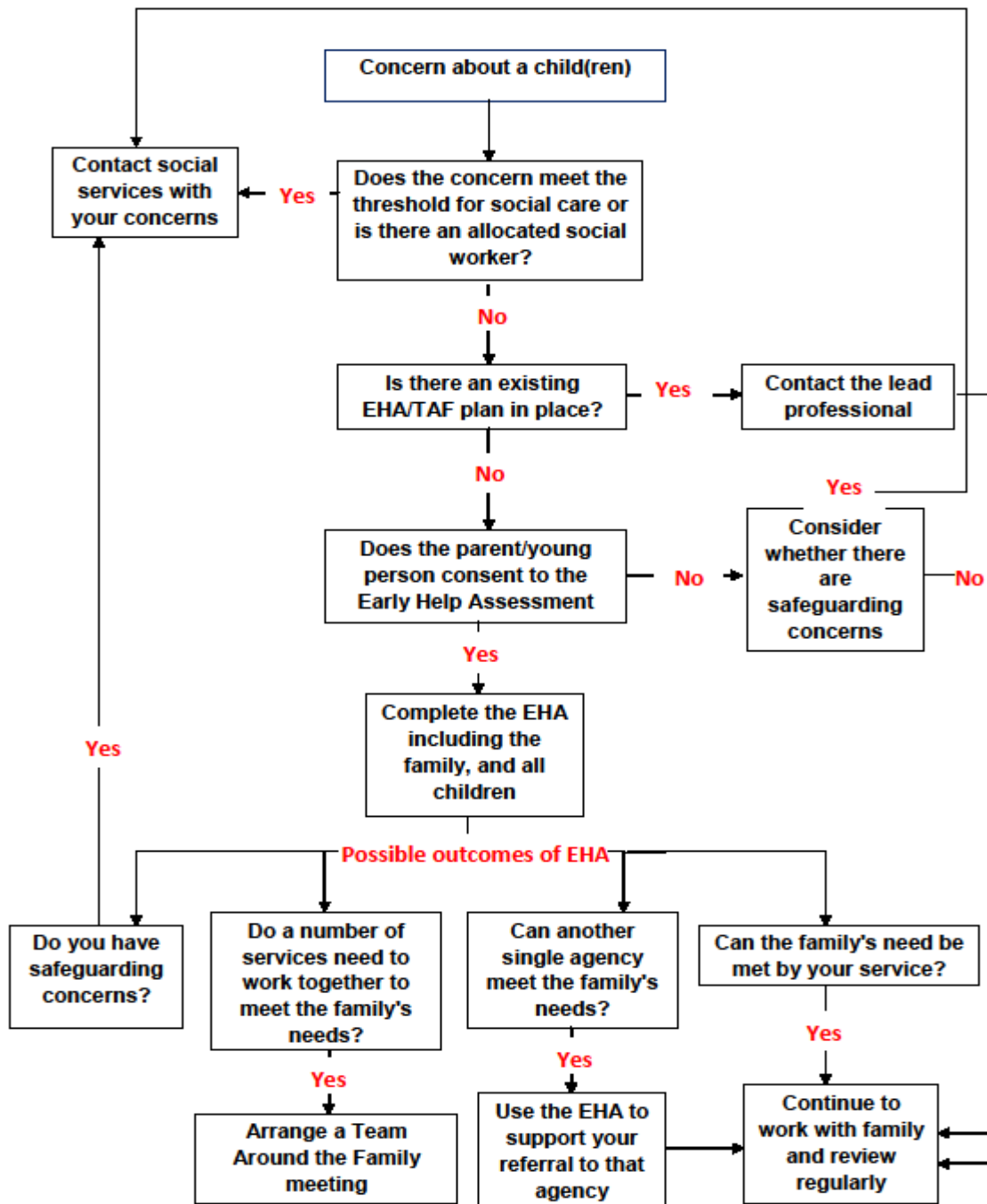
### "In need" referral criteria

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 Early Help Co-ordination team 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 Early Help Co-ordination team who will be able to advise 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 <http://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. However, if the young person does not give consent for you to talk to their parent/carer, you cannot inform them that an EHA as been completed.

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 Early Help Co-ordination team to check if an EHA or Team Around the Family (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](http://www.hillingdon.gov.uk/EHA)

Pages 1-2 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 2 is key in recording other agencies that work with the family and some prompts are given to assist in this. Page 2 also asks why the assessment was completed; this should also include the views of the parent/carer and views of the young person/children.

### **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 Early Help Co-ordination Team for advice.

## The Assessment

The assessment section is on pages 3-4 of the EHA document. As the EHA is a family assessment the assessment should take into consideration all family members in the household

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.

## 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 worries 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 completed examples 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.

### Family history, functioning and well-being

#### Possible questions

- Is any member of the family involved in criminality or anti-social behaviour?
- Is parent's communication/relationship positive ie: separated, divorced?
- Has either parent had experiences which may impact on their parenting ie: history of social care involvement, substance misuse, bereavement?
- Do children/young person demonstrate risk taking behaviours ie: Drugs, alcohol, sexually active, gangs?
- Is the young person in a consensual sexual relationship?
- Is the young person accessing sexual health advice services, or would they like further information?
- Is the young person at risk of grooming/Child Sexual Exploitation (CSE)?
- Is the young person expressing the wish to get pregnant or become a mother/father?
- Do parent or young person misuse drugs or alcohol?
- Has the child/young person affected by bullying, including cyber-bullying via online websites/groups eg Facebook/Twitter/Instagram/Snapchat?

### Children are not attending school regularly

#### Possible questions

- Is your child attending nursery/playgroup/children's centre?
- Does your child have a school or college place?

- 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?
- Is there a risk of school exclusion? If so why?
- What are the plans for the young person once they leave school?

## **Children who need additional help**

### **Possible questions**

- Do the children respond well to parents direction ie: rules, boundaries, routine, rewards & consequences
- How do the children/young person get on with friends/other children ie: Friendship groups, community groups
- Are family members able to have their own space within the family home ie: do children share bedroom, where do the children go when they need space to calm down
- Are independence skills encouraged ie: self care skills, independent travel to school, being given responsibility, attending community groups
- How do the children get on with their siblings?
- Do the children have regular contact with mum/dad (if parents are separated)?
- Do the children attend after school clubs?
- What do the children enjoy doing outside of school?
- How long have you lived at your current address/Hillingdon?

## **Housing, employment and finances**

### **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?
- How long have you lived at the current property?
- Where did you live previously?
- Who else lives in the family home?
- 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?
- What benefits do you receive?
- Are you affected by recent benefit changes?
- Are you facing eviction?
- Do you use the food bank?

## **Families affected by domestic violence or abuse**

### **Possible questions**

- Have the children heard or witnessed domestic violence or abuse?
- Have you accessed any domestic violence/abuse support services?
- Are there any current injunctions or court orders in place?

## **Parents and children with a range of health problems**

### **Possible questions**

- How do your health needs impact on your day to day life?
- How does your child's/young person's needs impact on their day to day life?
- Have any health assessments been carried out either within school or by NHS services?
- Have any educational assessments been carried out either within school or by NHS services?
- What support do you feel you need to make things better?
- Are all family members registered with GP and Dentist?
- Are on-going health needs monitored and reviewed regularly by appropriate medical professionals?
- Do you feel you have a healthy balanced diet?
- Are you or your child seeing medical specialist for your or their health needs?
- Does the child have a Statement of Educational Needs (SEN) or an Education, Health and Care Plan (EHCP)

## *Elements of a good assessment*

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



## Analysis and next steps

The EHA will enable 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 plan is recorded on page 5 of the EHA. This plan is then transferred to the Team Around the Family (TAF) plan.

- **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 Early Help co-ordination Team 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 Early Help Co-ordination Team for advice on the next steps.

**Once you have completed an EHA send a copy to the Early Help Co-ordination Team 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.***

## 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.

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

## Arranging the TAF meeting

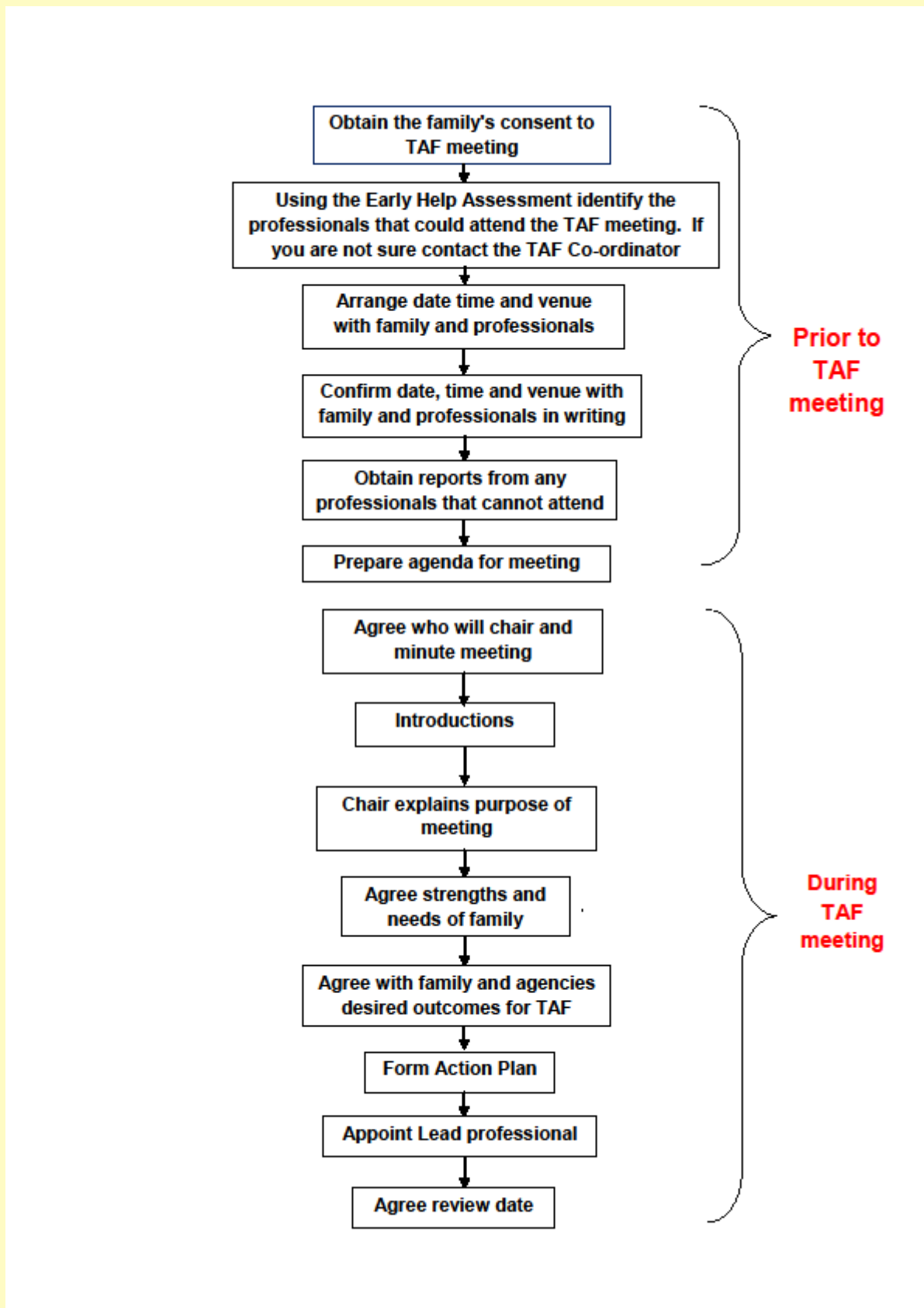
Usually the person who completed the EHA will arrange the first TAF meeting. The Early Help Co-ordination Team can give advice as to who could attend the meeting. The family information directory may also help to identify agencies that could attend the TAF meeting [www.hillingdon.gov.uk/families](http://www.hillingdon.gov.uk/families)

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 Early Help Co-ordination Team**

## 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 a 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 using 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. Discuss the plan recorded on the EHA and review these actions and carry forward to the TAF plan, and add further actions if required. 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 Early Help Co-ordination Team.

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

Under Hillingdon's Safeguarding Board all agencies are signed up to taking on the role of the lead professional if they are the most appropriate agency.

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 Early Help Co-ordination Team 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 <http://www.hillingdon.gov.uk/eha>

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

The action plan from the EHA should be carried forward to the TAF plan. New outcomes may be identified following discussions at the TAF meeting and added to the plan.

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 a 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 Early Help Co-ordination Team.**

## 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 Early Help Co-ordination Team, 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.

## 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.

**Please send completed copies of the outcome wheel to  
the Early Help Co-ordination Team**

## 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 Early Help Co-ordination Team 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. 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](http://www.hillingdon.gov.uk/eha)

## 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](http://www.hillingdon.gov.uk/EHA) . You can ask your champion for advice regarding the process. However, you can also contact the Early Help Co-ordination Team 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 Early Help Co-ordination Team 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 Special Needs Officer.

### **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 Early Help Co-ordination Team can be contacted for further advice if needed.

## Useful contact numbers and websites

Early Help Co-ordination Team	Telephone numbers : 01895 556144 (ext 6144) 01895 556402 (ext 6402) Non secure email: taf@hillington.gov.uk Secure email: TAFhillington@hillington.gcsx.gov.uk Address: London Borough of Hillingdon, 4E/05, Civic Centre, Uxbridge, UB8 1UW
Children's social services Adult social services	01895 556633 01895 556633
EHA website-EHA and other templates and guidance Hillingdon LSCB website-Inter agency referral form and guidance Working Together guidance Eileen Munro report Information sharing guidance	<a href="http://www.hillingdon.gov.uk/eha">www.hillingdon.gov.uk/eha</a> <a href="http://www.hillingdon.gov.uk/lscb">www.hillingdon.gov.uk/lscb</a> <a href="http://www.hillingdon.gov.uk/article/15540/Key-documents">www.hillingdon.gov.uk/article/15540/Key-documents</a> <a href="http://www.gov.uk/government/publications/working-together-to-safeguard-children">www.gov.uk/government/publications/working-together-to-safeguard-children</a> <a href="http://www.gov.uk/government/collections/munro-review">www.gov.uk/government/collections/munro-review</a> <a href="http://www.gov.uk/government/publications/information-sharing-for-practitioners-and-managers">www.gov.uk/government/publications/information-sharing-for-practitioners-and-managers</a>

# Appendices

## Early Help Assessment

The Early Help Assessment is to be completed where you have concerns regarding a child or family. The Assessment is completed with the family once they consent to their needs being assessed and the outcome will be an objective led plan. Further information is available at [www.hillingdon.gov.uk/eha](http://www.hillingdon.gov.uk/eha) or the Early Help Co-ordination team can be contacted for advice on 01895 556144/556402/556687

**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/ EDD	Gender M/F/ Unborn	Religion	Ethnicity (see list below)
Child 1	Child 1	2	M	C of E	White British
Child 2	Child 2	3	F	C of E	White British

### NHS numbers for children

**Address:** 1 Another Road  
Uxbridge, Middlesex

**Postcode:** UB8 8AS

**Telephone numbers of parent/carer:** 01895 11223344

### Name of parents or carers (give address if different from the child)

Name	Address	Age/DOB/ EDD	Gender M/F	Relationship to child(ren)
Parent 1	Parent 1	21	F	Mother
Parent 2	Parent 2	25	M	Father

### Names of other adults or children who are significant to child(ren) young person

Name	Address	Age/DOB/ EDD	Gender M/F	Relationship to child(ren)

**Are there any communication/interpreting needs for the child and /or family?** None

**Do the child and/or family have special needs or a disability?** None

### Ethnicity list

White British	Caribbean	Indian	White & Black Caribbean	Chinese	Other Asian
White Irish	African	Pakistani	White & Black African	Any other ethnic group	Other mixed background

What services are already working with the family?					
Name	Agency	Address			Telephone
	School/Nursery/ Children's centre				
Dr Smith	GP	100 Another Road			01895 123456
Ms Smith	Health Visitor/School Nurse	200 Another Road			018950654321
Have the family previously worked with the following services?					
Children's Social care	<input type="checkbox"/>	Specialist health Services	<input type="checkbox"/>		
Youth Offending	<input type="checkbox"/>	Adult services	<input type="checkbox"/>		
Child and Adolescent Mental Health Services	<input type="checkbox"/>	Special Educational Needs or Disability services	<input type="checkbox"/>		
Early Intervention & Prevention Services	<input type="checkbox"/>	Voluntary Sector (please give details)	<input type="checkbox"/>		
Are there any other agencies working with the family? If so please provide name of organisation/practitioner with contact details for this agency					
None					
Any other White back	Any other Black background	Bangladesh	White & Asian	Not given	

### Why has an assessment been started?

I have known the family for a short time and am concerned that due to their previous frequent moves they are finding it hard to feel settled and explore local services.

I am concerned that the children have limited social interaction and are not stimulated fully within their home environment.

I have observed the parents interacting positively with the children but have noticed that dad can become stressed quite quickly when dealing with challenging behaviours.

I have spoken about consistent routines and boundaries although feel the parents would benefit from a more hands on approach which I cannot provide.

The children's diet is a concern with both children borderline overweight. Parents say they eat healthily but demonstrate little understanding of this.

### Are there any of the following issues, risks or concerns-if so please give further details in your assessment:

Risk of Child Sexual Exploitation (CSE)-If so has a risk assessment been completed?	<input type="checkbox"/>	Mental health/health-child or adult	<input type="checkbox"/>	Not in employment education or training	<input type="checkbox"/>
Young carer	<input type="checkbox"/>	Domestic Violence or Abuse	<input type="checkbox"/>	Anti-social behaviour/crime	<input type="checkbox"/>
Private Fostering	<input type="checkbox"/>	Teenage parent/Pregnancy	<input type="checkbox"/>	Parent/Carer not in work	<input checked="" type="checkbox"/>
Risk of exclusion	<input type="checkbox"/>	Risk of radicalisation	<input type="checkbox"/>	School attendance	<input type="checkbox"/>
Drug/alcohol misuse-child or adult	<input type="checkbox"/>				

### Details of professional completing assessment

<b>Name</b>		<b>Role</b>	
Ms smith		Health Visitor	
<b>Address of organisation</b>	Civic Clinic 200 Another Road Uxbridge Middlesex		
<b>Contact Number</b>	018950654321	<b>Email address</b>	smithy@health.com

Complete the assessment below with the family and document their views. The assessment should focus on strengths as well as worries or concerns.

**Family history, functioning and well-being**

- Criminality, anti-social behaviour-adult/young person
- Substance misuse-adult/young person
- Risk taking
- Sexual behaviour
- Bullying-including cyber bullying

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Parent 1 and parent 2 appear to have a stable relationship.</li> <li>• Parent 2 has completed support program with ARCH</li> </ul>
<p><b>Worries</b></p> <ul style="list-style-type: none"> <li>• Family have no support</li> <li>• Family appear isolated</li> </ul>

**Children are not attending school regularly**

- Attendance
- Exclusion/risk of exclusion
- Special educational needs
- Parental engagement
- Transition needs
- Child is not registered with a school
- Child is in an alternative educational provision

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Family access local park</li> </ul>
<p><b>Worries</b></p> <ul style="list-style-type: none"> <li>• Neither child attends children's centre, nursery or playgroup setting</li> </ul>

## Children who need additional help

- Effective and appropriate discipline
- Modelling positive behaviour
- Over-protection
- Self esteem
- Emotional difficulties
- Friendships
- Attachments
- Relationships with peers
- Guidance boundaries and stimulation
- Sleeping arrangements
- Support for positive activities
- Engagement with services
- Stable, affectionate, stimulating environment
- Praise and encouragement
- Frequency of house and school moves

### Strengths

- Parents spend 1:1 time with the children
- Some boundaries are in place
- Parents try to make friendships with other families who attend the park

### Worries

- Parent 2 has said he has previously used physical chastisement on the children when they do not listen
- Boundaries and routine are not consistently enforced
- Limited social interaction
- Parents apprehensive of going to new venues/activities

Children are not given opportunity to make friendships

## Housing, employment and finances

- Employment
- Effects of hardship
- Provision of food, drink, warmth, shelter and appropriate clothing
- Parent/carer in receipt of out of work benefits
- Young person not in education, training or employment (NEET)
- Debt/finance
- Rent arrears

### Strengths

- Children present as clean and wear appropriate clothing
- Both parents claim relevant benefits
- Parents want to access training to improve job opportunities
- Family make the best of living in a cramped first floor flat

### Worries

- Finances can be strained at times, food bank vouchers have been given
- Parent 2 has debt and is struggling to pay this
- Rent payment has been missed on a few occasions incurring a small amount of arrears

## Families affected by domestic violence or abuse

- Young person or adult is at risk or experiencing domestic violence
- Young person or adult who is a perpetrator of domestic violence
- Safe and healthy home

Strengths

Worries

## Parents and children with a range of health problems

- Mental health-adult or child
- Conditions and impairments
- Access to health care
- GP registration
- A&E admissions
- Mobility
- Nutrition
- Communication
- Self care
- Personal and dental hygiene

Strengths

- Family registered with GP & Dentist
- Family now settled after 3 house moves in 2 years
- Children are shown affection and praise
- Some self care skills are encouraged ie: teeth brushing

Worries

- Family diet is not always balanced
- Both children use dummies and bottles
- Parents can be preoccupied with technology gadgets therefore communication can be limited
- Children's independence needs to be promoted more ie: meal times, dressing

## Action Plan

<b>What needs to change</b>	<b>Action (How)</b>	<b>Date of desired change</b>	<b>Date of review</b>
Family diet	Healthy eating information. Link to Children's Centre cooking program. Ensure children are registered with healthy start scheme.		



Routine & boundaries	Parenting program. FSW support. Key worker support. Anger management program to be discussed with dad.		
Family to be less isolated	Introduce to local services, Children's centre, library, playgroup.		
Children to have more social interaction	2 and 3 year old funding to be accessed		
Family finances to be stable	CAB or P3 appointment to be made to have a benefits check & debt advice. Housing to be contacted re: repayment plan.		
Parents to have training opportunities	Refer parents with their consent to DWP colleagues		

### Families views on the assessment and action plan

We have no family support network and do not know services available in the area. We would like to have support with routines and boundaries. I (mum) do not like it when dad hits the children as they are only little. We want to make new friends and see the children make friends. We want the children to be healthy but all they seem to like is the bad stuff.

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

Do you agree to the information recorded on this assessment being shared with other practitioners and /or services in order to support you? Please tick as appropriate			
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some	
If no or some, what information can/cannot be shared and with whom?			
Parent 2 does not want information about the substance misuse support to be shared as he feels this is not relevant now.			
<b>I agree that the information on this form can be securely stored centrally by the Early Help Co-ordination Team</b>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Carers' Name:	Mr & Mrs Brown		
Signature:	Signed copy kept on file	Date:	15/08/2016

**Please be aware we will contact Social Services if at any time during the EHA process the child/young person has been harmed or is at risk of harm or abuse.**

*Verbal consent to initiate an EHA may be given by the young person (aged 12-16) and/or their parent/carer. However, written consent must then be obtained at the very first opportunity and BEFORE any information can be shared or stored electronically. For children under the age of 12, parental consent must be obtained before initiating an Early Help Assessment*

Please send a copy of all completed Early Help Assessments to the Early Help Co-ordination team at [taf@hillingdon.gov.uk](mailto:taf@hillingdon.gov.uk) (non secure) or [TAFhillingdon@hillingdon.gcsx.gov.uk](mailto:TAFhillingdon@hillingdon.gcsx.gov.uk) (secure)

## Early Help Assessment

The Early Help Assessment is to be completed where you have concerns regarding a child or family. The Assessment is completed with the family once they consent to their needs being assessed and the outcome will be an objective led plan. Further information is available at [www.hillingdon.gov.uk/eha](http://www.hillingdon.gov.uk/eha) or the Early Help Co-ordination team can be contacted for advice on 01895 556144/556402/556687

**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/ EDD	Gender M/F/ Unborn	Religion	Ethnicity (see list below)
Child 1	Child 1	12	M	C of E	Other Asian
Child 2	Child 2	10	F	C of E	Other Asian

### NHS numbers for children

**Address:** 1 Another Road  
Uxbridge, Middlesex

**Postcode:** UB8 8AS

**Telephone numbers of parent/carer:** 01895 11223344

### Name of parents or carers (give address if different from the child)

Name	Address	Age/DOB/ EDD	Gender M/F	Relationship to child(ren)
Parent 1	Parent 1	40	F	Mother
Parent 2	Parent 2	45	M	Father

### Names of other adults or children who are significant to child(ren) young person

Name	Address	Age/DOB/ EDD	Gender M/F	Relationship to child(ren)

**Are there any communication/interpreting needs for the child and /or family?** None

**Do the child and/or family have special needs or a disability?** None.

### Ethnicity list

White British	Caribbean	Indian	White & Black Caribbean	Chinese	Other Asian
White Irish	African	Pakistani	White & Black African	Any other ethnic group	Other mixed background

What services are already working with the family?					
Name	Agency	Address	Telephone		
Primary school	School/Nursery/	300 Another Road	01895 12121212		
Secondary school	Children's centre				
Dr Smith	GP	100 Another Road	01895 123456		
Ms Smith	Health Visitor/School Nurse	200 Another Road	018950654321		
Have the family previously worked with the following services?					
Children's Social care	<input checked="" type="checkbox"/>	Specialist health Services	<input type="checkbox"/>		
Youth Offending	<input type="checkbox"/>	Adult services	<input type="checkbox"/>		
Child and Adolescent Mental Health Services	<input type="checkbox"/>	Special Educational Needs or Disability services	<input type="checkbox"/>		
Early Intervention & Prevention Services	<input type="checkbox"/>	Voluntary Sector (please give details)	<input type="checkbox"/>		
Are there any other agencies working with the family? If so please provide name of organisation/practitioner with contact details for this agency					
None					
Any other White back	Any other Black background	Bangladesh	White & Asian	Not given	

#### Why has an assessment been started?

<ul style="list-style-type: none"> <li>• Parent 1 has approached child 1's school several times saying that she is struggling to get child 1 to school.</li> <li>• Parent 1 has previously disclosed domestic violence, not aware if this continues to be an issue</li> <li>• Attendance has gone down recently</li> <li>• Parent 1 appears to be very emotional and struggling to cope</li> <li>• Child 1 appears to be struggling to concentrate</li> <li>• Child 1 is displaying some aggressive behaviours</li> <li>• Parent seems reluctant to share information about parent 2 or home life and will change the subject</li> </ul> <p>I have contacted child 2's school and they have also noticed a drop in attendance and that child 2 has been emotional.</p>
--

#### Are there any of the following issues, risks or concerns-if so please give further details in your assessment:

Risk of Child Sexual Exploitation (CSE)-If so has a risk assessment been completed?	<input type="checkbox"/>	Mental health/health-child or adult	<input type="checkbox"/>	Not in employment education or training	<input type="checkbox"/>
Young carer	<input type="checkbox"/>	Domestic Violence or Abuse	<input checked="" type="checkbox"/>	Anti-social behaviour/crime	<input type="checkbox"/>
Private Fostering	<input type="checkbox"/>	Teenage parent/Pregnancy	<input type="checkbox"/>	Parent/Carer not in work	<input type="checkbox"/>
Risk of exclusion	<input type="checkbox"/>	Risk of radicalisation	<input type="checkbox"/>	School attendance	<input checked="" type="checkbox"/>
Drug/alcohol misuse-child or adult	<input type="checkbox"/>				

#### Details of professional completing assessment

<b>Name</b>		<b>Role</b>	
Ms Smith		Safeguarding lead	
<b>Address of organisation</b>	Civic Centre School 200 Another Road Uxbridge Middlesex		
<b>Contact Number</b>	018950654321	<b>Email address</b>	smithy@civicschool.com

Complete the assessment below with the family and document their views. The assessment should focus on strengths as well as worries or concerns.

**Family history, functioning and well-being**

- Criminality, anti-social behaviour-adult/young person
- Substance misuse-adult/young person
- Risk taking
- Sexual behaviour
- Bullying-including cyber bullying

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Both children speak highly of their mother</li> <li>• Child 1 displays a mature, sensible attitude</li> </ul>
<p><b>Worries</b></p> <ul style="list-style-type: none"> <li>• Child 1 and 2 have shared that they worry about their mum as they sometimes hear her crying</li> </ul>

**Children are not attending school regularly**

- Attendance
- Exclusion/risk of exclusion
- Special educational needs
- Parental engagement
- Transition needs
- Child is not registered with a school
- Child is in an alternative educational provision

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Both children want to learn</li> <li>• Parent 1 engages well with school staff</li> </ul>
<p><b>Worries</b></p> <ul style="list-style-type: none"> <li>• Child 1 was until recently making good progress</li> <li>• Child 2 is beginning to lose interest in class and struggling to concentrate</li> <li>• Child 2 will be moving to secondary school in September 2017</li> </ul>

## Children who need additional help

- Effective and appropriate discipline
- Modelling positive behaviour
- Over-protection
- Self esteem
- Emotional difficulties
- Friendships
- Attachments
- Relationships with peers
- Guidance boundaries and stimulation
- Sleeping arrangements
- Support for positive activities
- Engagement with services
- Stable, affectionate, stimulating environment
- Praise and encouragement
- Frequency of house and school moves

### Strengths

- Parent 1 says the children respond well to boundaries although recently child 1 has not
- Child 1 and child 2 have a positive friendship group outside of school.

### Worries

- Child 1 appears to be pushing the boundaries at home and school recently
- Child 1 is finding it difficult to deal with his emotions
- Child 2 is presenting frequently as upset
- Parent 1 can be vague at times in relation to sharing information about parent 2.

## Housing, employment and finances

- Employment
- Effects of hardship
- Provision of food, drink, warmth, shelter and appropriate clothing
- Parent/carer in receipt of out of work benefits
- Young person not in education, training or employment (NEET)
- Debt/finance
- Rent arrears

### Strengths

- Children present as clean and wear appropriate clothing
- Mum works part time and is claiming appropriate benefits

### Worries

- It is not known if parent 2 is living within the family home

## Families affected by domestic violence or abuse

- Young person or adult is at risk or experiencing domestic violence
- Young person or adult who is a perpetrator of domestic violence
- Safe and healthy home

### Strengths

- Parent 1 previously ensured the safety of the children by removing her husband from the home

### Worries

- Parent 1 and parent 2 appear to have had issues regarding domestic violence in the past
- Child 2 has shared with staff he can hear his parents fighting and his mum crying
- It is not known if parent 2 is living within the family home.

## Parents and children with a range of health problems

- Mental health-adult or child
- Conditions and impairments
- Access to health care
- GP registration
- A&E admissions
- Mobility
- Nutrition
- Communication
- Self care
- Personal and dental hygiene

### Strengths

- Family registered with GP & Dentist
- Both children appear to communicate well with parent 1
- Child 1 is confident and popular

### Worries

- Child 2 appears to be low in confidence
- Child 2 has asthma which is monitored by GP/Nurse

## Action Plan

<b>What needs to change</b>	<b>Action (How)</b>	<b>Date of desired change</b>	<b>Date of review</b>
<ul style="list-style-type: none"> <li>• Child 1 and 2 to feel able to talk freely about their thoughts and feelings</li> </ul>	<ul style="list-style-type: none"> <li>• Child 1 and 2 to have named point of contact to share thoughts and feelings with</li> </ul>		
<ul style="list-style-type: none"> <li>• Parent 1 to ensure children's needs</li> </ul>	<ul style="list-style-type: none"> <li>• To establish status of</li> </ul>		

are a priority	relationship with parent 2		
<ul style="list-style-type: none"> <li>To understand the impact of Domestic Abuse on the children</li> </ul>	<ul style="list-style-type: none"> <li>Consider Hestia/IDVA support</li> </ul>		
<ul style="list-style-type: none"> <li>For child 1 and 2 to build confidence and self esteem</li> </ul>	<ul style="list-style-type: none"> <li>Targeted Youth programs to be offered</li> </ul>		

**Families views on the assessment and action plan**

I want my children to be happy and safe. I am trying my best. I want my children to be able to tell me how they feel.

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

Do you agree to the information recorded on this assessment being shared with other practitioners and /or services in order to support you? Please tick as appropriate

Yes       No       Some

If no or some, what information can/cannot be shared and with whom?

**I agree that the information on this form can be securely stored centrally by the Early Help Co-ordination Team**       Yes     No

Parent/Carers' Name:	Mrs Green		
Signature:	Signed copy kept on file	Date:	15/08/2016

**Please be aware we will contact Social Services if at any time during the EHA process the child/young person has been harmed or is at risk of harm or abuse.**

*Verbal consent to initiate an EHA may be given by the young person (aged 12-16) and/or their parent/carer. However, written consent must then be obtained at the very first opportunity and BEFORE any information can be shared or stored electronically. For children under the age of 12, parental consent must be obtained before initiating an Early Help Assessment*

**Please send a copy of all completed Early Help Assessments to the Early Help Co-ordination team at [taf@hillington.gov.uk](mailto:taf@hillington.gov.uk) (non secure) or [TAFhillington@gcsx.gov.uk](mailto:TAFhillington@gcsx.gov.uk) (secure)**



## Early Help Assessment

The Early Help Assessment is to be completed where you have concerns regarding a child or family. The Assessment is completed with the family once they consent to their needs being assessed and the outcome will be an objective led plan. Further information is available at [www.hillingdon.gov.uk/eha](http://www.hillingdon.gov.uk/eha) or the Early Help Co-ordination team can be contacted for advice on 01895 556144/556402/556687

**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/ EDD	Gender M/F/ Unborn	Religion	Ethnicity (see list below)
Child 1	Child 1	14	F	Not given	White British
Child 2	Child 2	8	F	Not given	White British
Child 3	Child 3	6	M	Not given	White British

**NHS numbers for children** Not known

**Address:** 1 Another Road  
Uxbridge, Middlesex

**Postcode:** UB8 8AS

**Telephone numbers of parent/carer:** 01895 11223344

**Name of parents or carers (give address if different from the child)**

Name	Address	Age/DOB/ EDD	Gender M/F	Relationship to child(ren)
Parent 1	Parent 1	40	F	Mother
Parent 2	Parent 2	45	M	Father

**Names of other adults or children who are significant to child(ren) young person**

Name	Address	Age/DOB/ EDD	Gender M/F	Relationship to child(ren)
Grandmother	1 Any Road, Uxbridge	65	F	Grandmother

**Are there any communication/interpreting needs for the child and /or family?** None

**Do the child and/or family have special needs or a disability?** None.

### Ethnicity list

White British	Caribbean	Indian	White & Black Caribbean	Chinese	Other Asian
White Irish	African	Pakistani	White & Black African	Any other ethnic group	Other mixed background

What services are already working with the family?					
Name	Agency	Address	Telephone		
Primary school	School/Nursery/	300 Another Road	01895 12121212		
Secondary school	Children's centre				
Dr Smith	GP	100 Another Road	01895 123456		
Ms Smith	Health Visitor/School Nurse	200 Another Road	018950654321		
Have the family previously worked with the following services?					
Children's Social care	<input checked="" type="checkbox"/>	Specialist health Services	<input type="checkbox"/>		
Youth Offending	<input type="checkbox"/>	Adult services	<input type="checkbox"/>		
Child and Adolescent Mental Health Services	<input type="checkbox"/>	Special Educational Needs or Disability services	<input type="checkbox"/>		
Early Intervention & Prevention Services	<input type="checkbox"/>	Voluntary Sector (please give details)	<input type="checkbox"/>		
Are there any other agencies working with the family? If so please provide name of organisation/practitioner with contact details for this agency					
None					
Any other White back	Any other Black background	Bangladesh	White & Asian	Not given	

#### Why has an assessment been started?

<ul style="list-style-type: none"> <li>Parent 1 has been spoken to frequently about the concerns we have in relation to the children's attendance, this has not improved and is getting worse</li> <li>Parent 1 appears not to acknowledge that attendance is a concern</li> <li>We are concerned that the children's academic progress will be affected due to low attendance</li> <li>Parent seems reluctant to share information about home life and will change the subject</li> </ul> <p>I have contacted child 1's school and they have also noticed a drop in attendance and that child 1 has been disengaging with school and truancy is occurring.</p>
---

#### Are there any of the following issues, risks or concerns-if so please give further details in your assessment:

Risk of Child Sexual Exploitation (CSE)-If so has a risk assessment been completed?	<input checked="" type="checkbox"/>	Mental health/health-child or adult	<input type="checkbox"/>	Not in employment education or training	<input type="checkbox"/>
Young carer	<input type="checkbox"/>	Domestic Violence or Abuse	<input checked="" type="checkbox"/>	Anti-social behaviour/crime	<input type="checkbox"/>
Private Fostering	<input type="checkbox"/>	Teenage parent/Pregnancy	<input type="checkbox"/>	Parent/Carer not in work	<input type="checkbox"/>
Risk of exclusion	<input checked="" type="checkbox"/>	Risk of radicalisation	<input type="checkbox"/>	School attendance	<input checked="" type="checkbox"/>
Drug/alcohol misuse-child or adult	<input type="checkbox"/>				

#### Details of professional completing assessment

Name	Role
Ms Smith	Safeguarding lead

<b>Address of organisation</b>	Civic Centre School 200 Another Road Uxbridge Middlesex		
<b>Contact Number</b>	018950654321	<b>Email address</b>	smithy@civicschool.com

Complete the assessment below with the family and document their views. The assessment should focus on strengths as well as worries or concerns.

**Family history, functioning and well-being**

- Criminality, anti-social behaviour-adult/young person
- Substance misuse-adult/young person
- Risk taking
- Sexual behaviour
- Bullying-including cyber bullying

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Positive interaction between family members is seen</li> <li>• Family will go for days out/holidays together</li> </ul>
<p><b>Worries</b></p> <ul style="list-style-type: none"> <li>• Family is known to Anti Social Behaviour Team, on-going complaints from neighbours re: noise, dog barking and groups of people hanging around</li> <li>• Child 1 is at risk of CSE due to truanting and peer pressure</li> <li>• Child 1 has said she is sexually active</li> <li>• Child 1 has been subject of bullying in person and on social media</li> </ul>

**Children are not attending school regularly**

- Attendance
- Exclusion/risk of exclusion
- Special educational needs
- Parental engagement
- Transition needs
- Child is not registered with a school
- Child is in an alternative educational provision

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• All children want to learn and engage well when in school</li> <li>• Parent 1 &amp; 2 engages well with school staff</li> <li>• Child 1 enjoys their chosen course and wants to do work experience</li> <li>• Child 2 &amp; 3 want to come into school early so they can take their turn as register monitors</li> </ul>
<p><b>Worries</b></p> <ul style="list-style-type: none"> <li>• Children's progress will be impacted by low attendance</li> <li>• Children's relationships with their peers will suffer</li> <li>• Children will not achieve their full potential</li> </ul>

## Children who need additional help

- Effective and appropriate discipline
- Modelling positive behaviour
- Over-protection
- Self esteem
- Emotional difficulties
- Friendships
- Attachments
- Relationships with peers
- Guidance boundaries and stimulation
- Sleeping arrangements
- Support for positive activities
- Engagement with services
- Stable, affectionate, stimulating environment
- Praise and encouragement
- Frequency of house and school moves

### Strengths

- Parent 1 & 2 feel the children respond well to boundaries
- Child 2 and child 3 have positive friendship groups within and outside of school.
- Children are praised by their parents
- Child 1 enjoys a positive relationship with her siblings

### Worries

- Parent 1 & 2 can be vague at times in relation to sharing information about home.
- Routines need to be explored with family as children are regularly late
- Concerned that parents do not realise the importance of school/education
- Concerned that Child 1 may be taking on more of a parent role than a sibling one

## Housing, employment and finances

- Employment
- Effects of hardship
- Provision of food, drink, warmth, shelter and appropriate clothing
- Parent/carer in receipt of out of work benefits
- Young person not in education, training or employment (NEET)
- Debt/finance
- Rent arrears

### Strengths

- Children present as clean and wear appropriate clothing
- Parent 2 has recently returned to work following a period of unemployment
- Home environment is clean with age appropriate toys/activities
- Children's basic needs are met

### Worries

- Child 1 at risk of becoming NEET
- Parents have disclosed they have rent arrears and appear not to have worked with an agreed repayment plan
- Parents appear to not be prioritising rent/bills
- Family may not be receiving all of benefit entitlement

## Families affected by domestic violence or abuse

- Young person or adult is at risk or experiencing domestic violence
- Young person or adult who is a perpetrator of domestic violence
- Safe and healthy home

### Strengths

- Children appear to have a safe and secure home

### Worries

## Parents and children with a range of health problems

- Mental health-adult or child
- Conditions and impairments
- Access to health care
- GP registration
- A&E admissions
- Mobility
- Nutrition
- Communication
- Self care
- Personal and dental hygiene

### Strengths

- Family are registered with GP & Dentist
- Children are provided with a healthy diet and packed lunch
- All children demonstrate good self care skills

### Worries

- Parent 1 can appear anxious at times

## Action Plan

<b>What needs to change</b>	<b>Action (How)</b>	<b>Date of desired change</b>	<b>Date of review</b>
<ul style="list-style-type: none"> <li>• Children's attendance to increase</li> </ul>	<ul style="list-style-type: none"> <li>• Participation worker to be notified of low attendance</li> <li>• Consideration for key worker to look at routines of family and advise on strategies</li> <li>• Parents to work in partnership with services to raise school</li> </ul>		

	attendance		
<ul style="list-style-type: none"> <li>Rent arrears to be addressed</li> </ul>	<ul style="list-style-type: none"> <li>Rent arrears office to be contacted to put in place a repayment schedule for outstanding arrears</li> </ul>		
<ul style="list-style-type: none"> <li>Child 1 to learn about keeping self safe</li> </ul>	<ul style="list-style-type: none"> <li>SAFE project to be discussed and a referral to be made if Child 1 agrees</li> <li>Parents and school to work together to address issues around bullying and social media issues</li> </ul>		

<b>Families views on the assessment and action plan</b>
<p>I try my best to get the children to school on time although you have to understand I am relying on buses and the children listening to me in the morning.</p> <p>I know the children's attendance has gone down, I'm trying my best.</p>

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

Do you agree to the information recorded on this assessment being shared with other practitioners and /or services in order to support you? Please tick as appropriate			
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some	
If no or some, what information can/cannot be shared and with whom?			
<b>I agree that the information on this form can be securely stored centrally by the Early Help Co-ordination Team</b>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Carers' Name:	Mrs Green		
Signature:	Signed copy kept on file	Date:	15/08/2016

**Please be aware we will contact Social Services if at any time during the EHA process the child/young person has been harmed or is at risk of harm or abuse.**

*Verbal consent to initiate an EHA may be given by the young person (aged 12-16) and/or their parent/carer. However, written consent must then be obtained at the very first opportunity and BEFORE any information can be shared or stored electronically. For children under the age of 12, parental consent must be obtained before initiating an Early Help Assessment*

Please send a copy of all completed Early Help Assessments to the Early Help Co-ordination team at [taf@hillingdon.gov.uk](mailto:taf@hillingdon.gov.uk) (non secure) or [TAFhillingdon@hillingdon.gcsx.gov.uk](mailto:TAFhillingdon@hillingdon.gcsx.gov.uk) (secure)

## Hillingdon TAF Action Plan and minutes

(Actions from the Early Help Assessment should be brought forward into the action plan and added to where a multi-agency Team Around the Family response is required and/or used to review progress)

### Personal Details

<b>Given name(s)</b>	Child 1 Child 2	<b>Family name</b>	Child/Parent	<b>Date of Birth or Estimated Due Date</b>	2yrs 15/02/2014 3Yrs 15/03/2013
<b>Address</b>	1 Another Road Uxbridge	<b>Postcode</b>	UB8 8AS	Male <input checked="" type="checkbox"/> Child 1	Female <input checked="" type="checkbox"/> Child 2 Unborn <input type="checkbox"/>

### Lead Professional Details

<b>Name</b>	Ms Smith	<b>Agency/Relationship</b>	Health visitor	<b>Email</b>	smithy@health.com
<b>Address</b>	200 Another Road	<b>Contact Number(s)</b>	018950654321		
<b>Review Date</b>	15/02/2016				

### Action Plan

<b>What needs to change</b>	<b>Action (How)</b>	<b>Date of desired change</b>	<b>Date of review</b>
Family diet	Healthy eating information. Link to Children's Centre cooking program. Ensure children are registered with healthy start scheme.	15/04/2016	
Routine & boundaries	Parenting program. FSW support. Key worker support. Anger management program to be discussed with dad.	15/04/2016	
Family to be less isolated	Introduce to local services, Children's	15/04/2016	



Children to have more social interaction	centre, library, playgroup. 2 and 3 year old funding to be accessed		
Family finances to be stable	CAB or P3 appointment to be made to have a benefits check & debt advice. Housing to be contacted re: repayment plan.	15/04/2016	
Parents to have training opportunities	Refer parents with their consent to DWP colleagues	15/04/2016	

## People present

Ms Smith - Health visitor  
Parent 1 - Mum  
Parent 2 - Dad  
Ms Brown - Children's Centre  
Ms Black - Family information Service  
Mr Red - Home start

Review delivery plan and update with any agreed further action

## Next steps

- Adult education classes to be explored - Ms Brown
- Home start support to be considered - Mr Red
- Children Centre session information to be provided to family - Ms Brown
- Healthy Eating to be promoted - Ms Brown, Ms Smith, Parents
- 2 and 3 year old funding to be utilised - Parents to be supported by FIS, Ms Brown
- CAB appointment to be booked and attended - Ms Brown, Parents
- Housing to be contacted to discuss arrears repayment plan - Ms Brown

## Can the TAF be closed?

Yes

Reason for closure

No

Agreed review date

15/04/2016

## Review notes

This was an initial TAF meeting following completion of an EHA by the family health visitor, Ms Smith.

**Family diet** - Ms Brown shared that she is able to provide information leaflets and recipe ideas on healthy eating.

There is a parents cooking group run several times a year within the centre which parents are welcome to join whilst the children attend crèche.

The children c/entre also provide registration forms for the healthy start scheme and distribute the appropriate vitamins from the centre.

Ms Smith also suggested registering on the change for life website as this gives activity ideas and information on the eat well plate.

Parents shared that meal times can be difficult as both children do not sit still and often will not try to use cutlery resulting in them being fed by the parents.

**Routine & boundaries** - Both parents shared that they struggle at times to deal with challenging behavior. Parents appear to have different strategies for dealing with behavior which they acknowledge may confuse the children.

A conversation took place around physical chastisement and the reasons why this should not be used. Both parents want guidance and ideas to develop strategies.

Mr red explained the home start service and said he will consider allocating a volunteer.

Ms Smith also shared that at times she has found the home environment to be chaotic and asked how the parents felt. Both parents shared that they do struggle to keep on top of things and know they needed to implement a cleaning and tidying routine.

**Children to have more social interaction** - Currently the children do not access any nursery setting. Ms Black explained the 2 and 3 year old funding and gave advice.

Ms Brown promoted the sessions held at the children's centre and offered to support the parents to access this. Ms Brown also offered to assist in locating and visiting local nurseries.

**Family to be less isolated** - Parents explained that due to moving frequently they had found it

difficult to make friends and find services. Now the family are settled they would like support/signposting to find out what is available in the area. Parent 1 shared that she can feel anxious about attending new groups or sessions and asked if Ms Brown would be able to support her until her confidence grew.

Ms brown shared that there are a few young mother's accessing the centre and that they could set up a coffee morning to introduce parents.

Ms Brown is happy to help and also asked if Parent 1 had considered attending a confidence building course.

**Family finances to be stable** - Ms Brown shared that CAB run sessions at the centre fortnightly and would be happy to book an appointment for the family.

Parents admit to finding it difficult to 'get by' at times even though they do try to budget. Parent 1 admits that she does worry about being able to pay the rent and feels that Parent 2 needs to prioritise bills due.

**Parents to have training opportunities** - Both parents shared that they gave up education and training due to personal circumstances.

Parent 1 would like to develop IT and cooking skills.

Parent 2 would like to develop reading and writing skills as this is a difficult area.

Local courses run by the children's centre and adult learning need to be explored and information given to family.

It was agreed for Ms smith to be lead professional and that this can be discussed and changed as the family begin to access new services and get to know other professionals.

### **Child or young person's comments on the TAF Action Plan**

Both children were present although too young to give their views.

### **Parent or carer's comments on the TAF Action Plan**

Parents comments are reflected within the review notes.

## Hillingdon TAF Action Plan and minutes

(Actions from the Early Help Assessment should be brought forward into the action plan and added to where a multi-agency Team Around the Family response is required and/or used to review progress)

### Personal Details

<b>Given name(s)</b>	Child 1 Child 2	<b>Family name</b>	Child/Parent	<b>Date of Birth or Estimated Due Date</b>	12yrs 15/02/2004 10yrs 15/03/2006
<b>Address</b>	1 Another Road Uxbridge	<b>Postcode</b>	UB8 8AS	Male <input checked="" type="checkbox"/> Child 1	Female <input checked="" type="checkbox"/> Child 2 Unborn <input type="checkbox"/>

### Lead Professional Details

<b>Name</b>	Ms Smith	<b>Agency/Relationship</b>	Safeguarding Lead	<b>Email</b>	smithy@civicschool.com
<b>Address</b>	200 Another Road	<b>Contact Number(s)</b>	018950654321		
<b>Review Date</b>	16/02/2016				

### Action Plan

What needs to change	Action (How)	Date of desired change	Date of review
<ul style="list-style-type: none"> <li>Child 1 and 2 to feel able to talk freely about their thoughts and feelings</li> </ul>	<ul style="list-style-type: none"> <li>Child 1 and 2 to have named point of contact to share thoughts and feelings with.</li> <li>Link counseling (Child 1) and school counseling to be offered to both children for their consideration</li> </ul>	<b>16/02/2016</b>	
<ul style="list-style-type: none"> <li>Parent 1 to ensure children's needs are a priority</li> <li>To understand the impact of Domestic Abuse on the children</li> </ul>	<ul style="list-style-type: none"> <li>To establish status of relationship with parent 2</li> <li>Consider Hestia/IDVA support</li> </ul>	<b>16/02/2016</b>	

- For child 1 and 2 to build confidence and self esteem

- Targeted Youth programs to be offered

**16/02/2016**

## People present

Ms Smith - School nurse  
Parent 1 - Mum  
Ms Brown - Safeguarding lead, child 2 School  
Ms Green safeguarding lead, child 1 school  
Mr Red - Targeted youth program

Review delivery plan and update with any agreed further action

## Next steps

- Hestia/IDVA services to be contacted - Ms Brown
- Targeted Youth programs to be offered to Child 1 and Child 2 - Mr Red
- Child 1 and 2 to have named point of contact to share thoughts and feelings with Ms Brown & Ms Green

## Can the TAF be closed?

Yes

Reason for closure

No

Agreed review date

15/04/2016

## Review notes

This was an initial TAF meeting following completion of an EHA by child 2's school safeguarding officer, Ms Green.

**Child 1** - Ms Green shared that recently child 1 had appeared to be emotional and angry. Child 1 previously coped well within school although now appeared to be finding concentrating and completing work difficult at times.

Child 1 when asked how he is feeling is reluctant to share what is concerning him.

Attendance has gone down recently to 90% and there has been an increase in lateness.

**Child 2** - Ms Brown shared that Child 2 has presented as worried and sad at times.

Child 2 is less focused in class and therefore not always completing set work. Child 2 is reluctant to talk about his feelings but will seek out adults to spend time with.

**Parent's View** - Parent 1 was emotional and shared that parent 2 had returned to the family home a few years ago. Things had been working well until he lost his job and then the arguments and physical abuse began again.

Parent 1 explained that she had tried to ensure the children did not hear or see anything although this was not always possible as parent 2's behaviour was unpredictable.

Parent 1 has contacted the police and reported incidents and taken advice.

Parent 1 shared that the relationship is over and that parent 2 has now gone abroad.

Parent 1 apologised for not informing school but said she felt embarrassed that it had happened again.

**Targeted Youth Programs** - Mr Red shared the targeted youth programs currently running and the focus of these groups and the benefits these could have for the children. Parent 1 agreed that the children may benefit from attending these groups and asked that the boys be offered the chance to attend.

**Child 1 Health** - Ms Smith shared that all immunisations are up to date. Health check was recently carried out, no concerns.

**Child 2 Health** - Ms Smith shared that all immunisations are up to date. A health check is not due until next term, no current concerns.

**Child 1 View** - Child 1 shared that he wants his mum to be happy and did not like it when parent

2 returned to the home as things changed. Child 1 said he didn't want to go to school as he was worried about mum although now parent 2 has gone he feels happier going to school.

**TAF moving forward** - It was agreed that it had been a difficult time for the family recently and that parent 1 had done everything she could to safeguard the children. Parent 1 welcomed advice/information about Hestia/IDVA, Ms Brown will provide details.

It was agreed for Ms Green to be lead professional as Parent 1 has a good relationship with her.

#### **Child or young person's comments on the TAF Action Plan**

Child 1 was present for the last part of the meeting.  
Child 1 did not wish to attend.

#### **Parent or carer's comments on the TAF Action Plan**

Parents comments are reflected within the review notes.

## Hillingdon TAF Action Plan and minutes

(Actions from the Early Help Assessment should be brought forward into the action plan and added to where a multi-agency Team Around the Family response is required and/or used to review progress)

### Personal Details

<b>Given name(s)</b>	Child 1 Child 2 Child 3	<b>Family name</b>	Child/Parent	<b>Date of Birth or Estimated Due Date</b>	14yrs 15/02/2002 8yrs 15/03/2008 6yrs 15/11/2010
<b>Address</b>	1 Another Road Uxbridge	<b>Postcode</b>	UB8 8AS	Male <input checked="" type="checkbox"/> Child 3	Female <input checked="" type="checkbox"/> Child 1 & 2   Unborn <input type="checkbox"/>

### Lead Professional Details

<b>Name</b>	Ms Smith	<b>Agency/Relationship</b>	Safeguarding Lead	<b>Email</b>	smithy@civicschool.com
<b>Address</b>	200 Another Road	<b>Contact Number(s)</b>	018950654321		
<b>Review Date</b>	16/02/2016				

### Action Plan

What needs to change	Action (How)	Date of desired change	Date of review
<ul style="list-style-type: none"> <li>Children's attendance to increase</li> </ul>	<ul style="list-style-type: none"> <li>Participation worker to be notified of low attendance</li> <li>Consideration for key worker to look at routines of family and advise on strategies</li> <li>Parents to work in partnership with services to raise school attendance</li> </ul>	16/12/2016	16/03/2016



<ul style="list-style-type: none"> <li>Rent arrears to be addressed</li> </ul>	<ul style="list-style-type: none"> <li>Rent arrears office to be contacted to put in place a repayment schedule for outstanding arrears</li> </ul>	<p><b>16/12/2016</b></p>	<p><b>16/03/2016</b></p>
<ul style="list-style-type: none"> <li>Child 1 to learn about keeping self safe</li> </ul>	<ul style="list-style-type: none"> <li>SAFE project to be discussed and a referral to be made if Child 1 agrees</li> <li>Parents and school to work together to address issues around bullying and social media issues</li> </ul>	<p><b>16/12/2016</b></p>	<p><b>16/03/2016</b></p>

## People present

Ms Smith - School nurse  
Parent 1 - Mum  
Parent 2 - Dad  
Ms Brown - Safeguarding lead, child 2 & 3 School  
Ms Green safeguarding lead, child 1 school  
Mr Red - SAFE Project (Asphelia)  
PC Yellow - Safer schools Officer

Review delivery plan and update with any agreed further action

## Next steps

- Child 1 to attend information session for SAFE project
- PC Yellow to discuss on-line & social media safety with school year groups
- Parents to work in partnership with professionals to raise school attendance
- Parents to contact housing to discuss rent arrears and housing benefit payments
- Parents to attend CAB to discuss budgeting/debt priority
- Ms Green to discuss keeping safe and building positive relationships with Child 1

## Can the TAF be closed?

Yes

Reason for closure

No

Agreed review date

16/03/2016

## Review notes

This was an initial TAF meeting following completion of an EHA by child 2 & 3's school safeguarding officer, Ms Green. The EHA has been completed due to the recent drop in the children's attendance.

**Child 1** - Ms Green shared that recently child 1 had not been attending school regularly and when parents are contacted they state that child 1 should be in school. Contact with parents can be difficult as they do not always answer their phones.

Child 1 has posted personal photos of her friends on social media and threatened to post more, safer schools officer involved.

Child 1 has had issues with some peers and these issues have been dealt with in school. Child 1 knows she can remove herself from situations and go to an agreed member of staff for support.

Attendance is a real concern as educational options have been chosen and GCSE course work started. Attendance will impact on the child's attainment.

Participation worker has recently been notified of attendance issues.

Both Parent's have been invited into school to discuss attendance, unfortunately they did not attend.

Child 1 has shared that she has a boyfriend and is sexually active.

Child 1 is a sociable young girl and we feel she may benefit from strategies to enable good choices to be made.

**Child 2** - Child 2 presents as happy and popular. Attendance has gone down and this is impacting on her achievement. Child 2 enjoys the morning circle time when she is in at the correct time and is sad when she misses this. Child 2 also misses out on interaction with peers. Child 2 has disclosed that sometimes mum is still in bed when they are getting ready for school.

**Child 3** - Child 3 is quiet and gets on with his work. When child 3 arrives at school late he takes a while to settle and feel comfortable, this impact's on his concentration and learning.

Child 3 interacts well with peers and has formed positive friendships. Increased attendance would benefit his confidence and self esteem.

**Parent's View** - Parent 1 shared that she does find it difficult to get up some mornings and that child 1 will wake the younger children up for her. Parent 1 feels she has routines in place and does not feel she needs support in this.

Parent 1 shared that she relies on public transport and therefore is not able to control the time the children get to school.

Parent 2 shared that he now works after a period of unemployment and feels that parent 1 may find it difficult to keep to a good routine as he is not there to help now.

Both parents feel they have kept up with their rent payments although acknowledged there is arrears. Parents explained there may be a gap in the housing benefit due to parent 2 starting work again.

Parent 1 feels she has tried to meet with child 1's school to discuss the bullying but has not been offered an appointment.

**Child 1 Health** - Ms Smith shared that all immunisations are up to date. Health check was recently carried out, no concerns. Child 1 has attended the GP and been prescribed the contraceptive pill. Ms Smith felt that child 1 would benefit from advice regarding safe, healthy relationships.

**Child 2 Health** - Ms Smith shared that all immunisations are up to date. A health check is not due until next term, no current concerns.

**Child 3 Health** - Ms Smith shared that all immunisations are up to date.

**Child 1 View** - Child 1 shared that she wants to go to school but feels scared as there is a group of girl's who bully her. Child 1 feels she has tried to talk to teachers but feels she is just told to get on with it. Child 1 agreed that she would like to have a named member of staff to go to. Child 1 shared that she knows posting images of her friends on social media is wrong although feels that her friends also do this to her.

Child 1 asked if she could possibly change schools or courses to avoid certain peers within school.

Ms Green shared that changing schools would not solve the issues with peers and that these need to be addressed and dealt with.

**Mr Red - SAFE Project (Asphelia)** - Mr Red discussed the focus and aims of the project and the positive outcomes for young people who have engaged. Child 1 was interested and agreed to attend a session to decide if she wanted to attend.

Ms Green felt that child 1 would benefit from this project to develop her confidence and self esteem.

**PC Yellow - Safer schools Officer** - PC Yellow advised parents and child 1 of the dangers of posting images on-line and the harm this can do. PC Yellow felt that the school would benefit from him speaking to year groups about this.

**TAF moving forward** - It was agreed that child 1 should have a named point of contact.

Parents agreed to a referral being made for key worker support although parent 1 felt she did have good routines in place.

It was agreed for Ms Green to be lead professional

### **Child or young person's comments on the TAF Action Plan**

Child 1 was present for the last part of the meeting.  
Child 2 & 3 did not wish to attend the meeting

### **Parent or carer's comments on the TAF Action Plan**

Parents comments are reflected within the review notes.

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