



**Guide to Front Door &   
Early Help**

April 2019

**Introduction**

This manual explains the processes by which Children’s Services in Oxfordshire provide support to vulnerable children and families.

# Locality and Community Support Service

The Locality and Community Support Service (LCSS) was created to support partner agencies across Oxfordshire. It is a professional facing service (including community/voluntary sector).

**Contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| LCSS  North | 0345 2412703 | Samuelson House,  Tramway Rd,  Banbury OX16 5AU | [LCSS.North@oxfordshire.gov.uk](mailto:LCSS.North@oxfordshire.gov.uk) |
| LCSS  Central | 0345 2412705 | Knights Court,  Between Towns Road,  Cowley,  Oxford, OX4 3LX | [LCSS.Central@oxfordshire.gov.uk](mailto:LCSS.Central@oxfordshire.gov.uk) |
| LCSS South | 0345 2412608 | Abbey House,  Abbey Close,  Abingdon,  Oxon, OX14 3JD | [LCSS.South@oxfordshire.gov.uk](mailto:LCSS.South@oxfordshire.gov.uk) |

Opening Hours: 8.30am – 5pm (Mon – Thurs) 8.30am – 4pm (Fri)

**LCSS Link Workers**

All schools and settings where children are cared for, do activities or learn should have an LCSS link worker. This is a worker who you can contact for advice and information about concerns regarding children at your setting or in your area. Link workers proactively contact settings to discuss concerns. If you are not sure who your link worker is, you can find them listed on the [OSCB Website](https://www.oscb.org.uk/professionals/early-help-locality-community-support-service/) or contact the duty team on the details above.

You may find it useful to make a note of your LCSS link worker contact details below:

|  |  |
| --- | --- |
| LCSS link worker contact details |  |

**When to contact LCSS**

You should contact the Locality Community Support Service if you:

* Have emerging concerns for a child that does not require an immediate safeguarding response
* Need support or guidance with an Early Help Assessment or TAF
* Wish to complete a No Names Consultation

**Professionals should:**

* Discuss their concerns with the family
* Gain advice from LCSS with family's knowledge
* If you wish to discuss a concern without a family’s consent, you can gain advice via a No Names Consultation only
* Refer to the Threshold of Need Matrix

If LCSS are supporting you with a family and immediate safeguarding concerns arise, you must call the MASH immediately:

**Tel: 0345 050 7666**

**What to do if you are concerned about a child: Helping you understand the front door to Children's Services**

**Immediate Concerns about a Child**

The Multi-Agency Safeguarding Hub (MASH) will remain the front door to Children’s Social Care for all child protection and immediate safeguarding concerns. If there is an immediate safeguarding concern, for example:

* Allegations/concerns that the child has been sexually/physically abused
* Concerns that the child is suffering from severe neglect or other severe health risks
* Concern that a child is living in or will be returned to a situation that may place him/her at immediate risk
* The child is frightened to return home
* The child has been abandoned or parent is absent

You should call the MASH immediately

**Tel: 0345 050 7666**

(This number will take you through to Customer Services who will ask a series of questions and triage into MASH where safeguarding concerns are raised).

A No Names Consultation should not be used for the above scenarios.

**Professional Route for Immediate Safeguarding concerns**

Trigger: Professional has a concern that a child is in immediate danger or at risk of significant harm (level 4 of Threshold of Need). Are they:

Identify case holder and/or appropriate team. If unsure who this is contact your LCSS Link worker.

Contact case holder / appropriate duty worker or escalate to manager from case-holding team.

Refer directly to   
MASH

*(Tel: 0345 050 7666)*

Child is open to   
Children’s Services

New concern or   
child is closed to  
Children’s Services

**Contact Telephone Numbers for   
 Children& Family Assessment Team and Family Solutions**

If concerns arise in relation to a child who is already open to service, you should contact the appropriate team:

|  |  |  |
| --- | --- | --- |
| **Area** | **Children and Family Assessment Team (CAFAT)** | **Family Solutions (including EH and Stat SW)** |
| **Central**  Oxford City and area | 01865 328563 | Barton - 01865 323 240 Rosehill - 01865 815 566 Blackbird Leys - 01865 328 490 |
| **South** Faringdon, Wantage, Thame, Abingdon, Didcot and Henley | 01865 323041 | Abingdon - 01865 328 400 Didcot - 01865 328 480 |
| **North** Banbury, Witney, Bicester, Carterton, Woodstock | 01865 323039 | Witney - 01865 328 730 Banbury - 01865 328 440 Bicester - 01865 328 470 |
| **The home address of the child decides which area the family is from. If unsure, contact the most likely team.** | | |
| **Countywide** | **John Radcliffe Assessment Team 01865 221 236** For antenatal safeguarding concerns and issues concerning children in the hospital | |
| **Countywide** | **Emergency Duty Team 0800 833 408** Outside of normal office hours 5pm – 8.30am | |

**Non-Immediate Concerns about a Child**

If you have a concern about a child/family but it is not an immediate safeguarding concern, as described above, then you should look at the Threshold of Needs matrix tool to judge the level of risk. [You can download the Threshold of Needs from the OSCB website.](http://www.oscb.org.uk/wp-content/uploads/Oxfordshire-Threshold-of-Needs_Final.pdf) This tool is designed to support professionals to make decisions as to whether contact needs to be made with Children’s Services, and if so, which team.

The LCSS can be contacted to discuss emerging concerns for children to support partner agencies to gain **the right support at the right time**.

# Professional route for Non-Immediate Safeguarding Concerns (LCSS route)

Trigger: Professional has a level 2a, 2b or 3a concern about a child   
(NB For immediate/significant safeguarding concern – contact MASH on **0345 050 7666**)

Professional contacts their setting’s [link LCSS worker (via their mobile) or the LCSS duty desk of their area team (via team email or phone number)](https://www.oscb.org.uk/professionals/early-help-locality-community-support-service/)

Professional discusses concerns with LCSS. LCSS can give advice and guidance with names, if consent is given, or via No Names Consultation (NNC) if consent has not been gained.

If professional can share names, then the LCSS worker will check for previous Children’s Social Care or Early Help support on records

**If no Early Help Assessment or Team around the Family in place:**

LCSS may recommend the professional complete an Early Help Assessment (EHA).

LCSS can support professional with EHA process if needed.

**If Early Help Assessment or Team around the Family in place:**

Recommend EHA/Team around the Family (TAF) continues

Oversee EHA/TAF and provide feedback

Attend TAF

Complete joint visit

Provide case mapping

If the case was closed less than 6 weeks ago then they may be referred back to their previous team, after discussion with team and professional.

If the professional/ LCSS have ongoing concerns. LCSS may provide additional support as follows:

Professional/ LCSS satisfied that concern is dealt with – no ongoing LCSS role.

**LCSS may refer on to:**

Early Help

Education Employment and Training (EET) Service

Aquarius (Drug/Alcohol service)

Children’s Disability Team

CAFAT (Non-immediate Section 17)

Young Carers

If family grant consent to share name:

* Advice and support
* Support EHA/TAF process
* Attend TAF/case map
* Recommend EHA
* Can refer to Early Help teams via ATM with an EHA/TAF in place

Family Solutions Statutory Team:

Child in Need Plan (Sec 17)

Child Protection (Sec 47)

**Concern for a Child/YP**

Non-immediate concerns, need advice, not sure

Without consent:

LCSS will provide a No Names Consultation

Immediate concern:

* Allegations/concerns that the child has been sexually/physically abused
* Concerns that the child is suffering from severe neglect or other severe health risks
* Concern that a child is living in or will be returned to a situation that may place him/her at immediate risk
* The child is frightened to return home
* The child has been abandoned or parent is absent

**RING Locality & Community Support Service (LCSS)**

Telephone enquiry numbers for professionals only for advice/support in your area. Call your LCSS Link worker, or

**LCSS North**: 0345 2412703 | **LCSS Central**: 0345 2412705 | **LCSS South**: 0345 2412608

**RING MASH - Tel: 0345 050 7666**

This number will connect you to Customer Services.   
They will ask further questions and then triage your enquiry into MASH where safeguarding concerns are raised.

MASH offer advice and support

No further action from Children’s Services (NFA)

Pass professional for Advice and Support / Early Help request with agreement that professional begins Early Help Assessment.

Sent to Children Family Assessment Team – either Sec 47 or Sec 17

Inform LCSS and close to TAF or NFA

ATM (Area Transfer Meeting)

Held weekly in each area to transition cases within Children’s Services between Children & Families Assessment Teams/ Family Solutions Service – Statutory and Early Help Teams / Locality & Community Support Service / Children’s disability team / Community EHA/TAF (via LCSS)

Family Solutions Early Help Team – for:

* Case work and Lead Professional
* Young Carers
* Return interviews for missing children
* Support to vulnerable missing pupils or EHE where appropriate
* Young people’s substance misuse service (Aquarius)
* EET support – casework for not in Education, Employment or Training (NEET) aged Yr11 (15/16) to 25
* Open access- currently Play and Learn / Topaz
* Provision of evidence based targeted groups including:
  + Parenting
  + Domestic Abuse

**What Is Early Help?**

There is a body of evidence which highlights the factors that place children at risk of abuse and neglect, developing mental health problems, struggling or failing in education or becoming involved in crime or antisocial behaviour.

Early help is the early identification of such factors and responding to emerging problems for children, young people and their families. It refers both to help in the critical early years of a child’s life when the fundamental building blocks for future development are laid but also throughout a child, young persons and families life.

If early help is not offered there is a real risk that for some children their social and emotional development will be irrevocably impaired, they will experience harm, or their family life will break down.

Early help is a way of working across agencies and services that supports families’, children and young people to overcome difficulties and build their resilience so that problems do not escalate, and they are able to thrive, live and engage happily in their communities.

The ethical, financial rationale and evidence base for providing “early help” within a whole -family model is very strong.

Many recent publications, including Keeping Children Safe in Education 2018 and Working Together to Safeguard Children 2018 highlight the need for strategic partners to provide a co-ordinated targeted and evidenced based early help offer particularly for families with multiple and complex need.

The message is clear, preventative services cost less and are more effective than reactive services. They are also more effective in improving the life chances of children young people and families.

Early help is already established as a core principle in many areas of practice in Oxfordshire and there is substantial commitment and energy to support and work with families as outlined in the Children and Young People’s Plan.

**Key Legislation defining expectations around Early Help**

**1.** [**Working together to safeguard children – A guide to inter-agency working to safeguard and promote the welfare of children**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf) **(July 2018)**

This Legislation defines safeguarding aspreventative work to avoid further escalation of risk. It includes protection and prevention. The Working Together statutory guidance supports Section 11 of the Children Act (2004) which states: ***“Duty to override your main role in order to safeguard and protect.”***

***Working Together 2018*** is the key statutory guidance for anyone working with children in England. It sets out how organisations and individuals should work together and how practitioners should conduct the assessment of children.

It states in relation to Early Help:

‘Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years.’

**2.** [**Keeping children safe in education – Statutory guidance for schools and colleges**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/707761/Keeping_Children_Safe_in_Education_-_September_2018.pdf) **(updated September 2018)**

Keeping children safe in education is statutory guidance from the Department for Education issued under Section 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 and the Non-Maintained Special Schools (England) Regulations 2015.

Schools and colleges must have regard to it when carrying out their duties to safeguard and promote the welfare of children. This means that they should comply with it unless exceptional circumstances arise.

In order to achieve better outcomes for children the following is advised within both these key pieces of legislation:

A child centred and coordinated approach to safeguarding

1. Any professional working with children is an important part of the wider safeguarding system for children. This system is described in statutory guidance "Working Together to Safeguard Children."
2. Safeguarding and promoting the welfare of children is everyone’s responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.
3. No single professional can have a full picture of a child’s needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
4. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:
   1. protecting children from maltreatment;
   2. preventing impairment of children’s health or development;
   3. ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
   4. and acting to enable all children to have the best outcome

If early help is appropriate, the designated safeguarding lead (or deputy) will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead professional. Any such cases should be kept under constant review and consideration given to a referral to children’s social care for assessment for statutory services, if the child’s situation does not appear to be improving or is getting worse.

**Early Help in Oxfordshire**

The Children & Young Peoples Plan agreed that the vision for Oxfordshire’s children is:

**“We want Oxfordshire to be, a great place to grow up and children and young people have the opportunity to become everything they want to be’**

Key to delivering this vision is to offer early help services to families, agencies have agreed in the CYP plan to ‘identify and solve problems early - from an early age and when problems first arise’.

Early help supports agencies to deliver this function. It ensures that families receive accessible co-ordinated support when they need it across a continuum from universal preventative approaches (services offered to whole population to prevent problems from escalating) through to more targeted help where families are experiencing more complex and multiple difficulties.

Feedback from service users and practitioners indicates that the critical features of an effective early help offer includes:

* Families and children want services and support when problems first emerge
* Families do not want to be passed from one service to the next
* Families do not want to endlessly repeat their story to different professionals in duplicating services
* Families want a relationship with a trusted worker who can engage with the family and coordinate support
* Families want to experience a holistic whole family approach that addresses the child’s needs in the wider family context
* Streamlined referral and assessment processes front door.

The [Oxfordshire’s Multiagency Threshold of Needs](http://www.oscb.org.uk/wp-content/uploads/Oxfordshire-Threshold-of-Needs_Final.pdf) document describes the continuum from access to universal services through to targeted support and is designed to support practitioners to identify need and provide the right service at the right time to children and families.

The [Oxfordshire’s Multiagency Threshold of Needs](http://www.oscb.org.uk/wp-content/uploads/Oxfordshire-Threshold-of-Needs_Final.pdf) includes guidance on how it should be used.

**Early Help Referral Route**

LCSS is the route into Early Help. LCSS works with partners to identify those families who require additional support from the Early Help Team in the Family Solutions Service and facilitates a service from the team.

***NB:*** Please note that if you identify a need for Early Help/Casework during an Early Help Assessment, please contact LCSS by phone.

**Early Help Assessment Process**

Trigger: Concern identified about a child/ young person by a professional in the   
community that is at Threshold level 2b.

Concern identified for child/family by professional in the community. Professional identifies level of need using Threshold of Need – where the threshold is 2b community to initiate the EHA process.

If additional support/advice required in relation to EHA – contact to be made with the Locality & Community Support Service (LCSS)

EHA to be whole family assessment and outcome focused. Community to have discussion with child and family about consent and information sharing and signpost to OCC website about National Impact Study Research and opting out.

All completed EHAs to be sent to local LCSS for storage and review to determine whether the EHA needs additional information.

Lead professionals review EHA by using Team Around the Family paperwork within 6 weeks and decide whether to close (if all outcomes met) or continue with TAF process.

The use of tools to inform the assessment and planning process is highly recommended.   
Tools to be considered include:

* + Childhood Development Toolkit (aka Neglect Toolkit)   
    <http://www.oscb.org.uk/themes-tools/neglect/neglect-toolkit-home-page/>
  + Parental Substance Misuse Screening Tool
  + DASH (Domestic Abuse)
  + Child Sexual Exploitation screening tool
  + Child’s voice tools e.g. Three Houses, Wizard & Fairies, Wishes and Feelings, Why Worry (these can be found on the OSCB website)

Where a tool is used as part of the EHA or TAF process, professionals should send these to LCSS along with the EHA and/or TAF as supporting evidence. All tools can be found on the [OSCB website](http://www.oscb.org.uk/) or visit the [Oxfordshire Practitioner’s Toolkit](https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/practitioner_toolkit.page) for ready-to use tools, resources and information to support work with children and families in Oxfordshire. Search for services in the Service Directory, and access early help tools, links and helplines in the online toolkit.

**Team Around the Family Process**

Trigger: Following an EHA, a decision should be made as to whether a Team Around the Family plan is required

If a TAF is required, TAF initiated (within 6 weeks of completing EHA), and an appropriate lead professional identified, and relevant parties invited

TAF meetings to be held by community (at least 3 monthly)

TAF minutes to be sent to local LCSS for storage

If additional support required with TAF e.g. TAF is stuck; escalating concerns; or no significant or sustained change, contact to be made with LCSS who can offer advice and support. If required LCSS can request a service from Early Help or escalate to CAFAT (for non-immediate safeguarding but requires CIN)

If significant and immediate safeguarding concerns identified via EHA/TAF referral to be made to MASH

If **TAF** closing:  
Community to complete TAF closure paperwork and send to local LCSS

If **EHA** closing:  
Community to complete EHA/TAF closure paperwork and send to local LCSS

On closure of TAF evaluation forms should be completed and sent to LCSS

All EHA/TAF and TAF Closure documents can be found on the OSCB website: <https://www.oscb.org.uk/>

**WHAT is the Early Help Assessment?**

The EHA is part of integrated working in Oxfordshire. The EHA is an assessment of a child/young person and their family within the context of the community. It provides the opportunity for practitioners and the family to gain a better initial understanding of the child/young person’s needs.

**The EHA is not a referral form, it is a tool to enable a conversation with a family to identify their needs and support positive change**.

It is designed to be used by all agencies working with children and families. It provides a common format for sharing information between agencies, services and areas. The EHA is designed to identify children and their families who may have additional or unmet needs. It is designed to be used for early intervention and with children/young people whose needs are at Level 2b Vulnerable, but not at Level 3 Complex or Level 4 Critical.

Assessment is simply the process of gathering and interpreting the information needed to decide what help the child, or their parent/carer needs. The EHA provides a structure to help practitioners undertake and record this process and decide with the children and family what action to take.

The EHA is a simple way to **help** identify needs of children and families and make a plan to meet those needs. It is a shared tool which can be used by all agencies in Oxfordshire who are delivering **early help**. Its **purpose** is to provide a co-ordinated response so no-one misses out on the **support** they may need.

**The Early Help Principals**

* Children and Young Person centred
* Focused on strength as well as needs
* Think Family Approach
* Voluntary and only undertaken with consent
* A standardised process supported by the EHA Form
* Coordinated (only ever one active EHA assessment per family)

**WHO should use an EHA ?**

Any practitioner can complete the EHA with an individual family, child or young person with their consent.

Working Together 2018 requires ‘All practitioners, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other practitioners to support early identification and assessment’.

**WHEN to complete the EHA**

Practitioners should be alert to the potential need for early help for a child who:

* is disabled and has specific additional needs
* has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
* is a young carer
* is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
* is frequently missing/goes missing from care or from home
* is at risk of modern slavery, trafficking or exploitation
* is at risk of being radicalised or exploited
* is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
* is misusing drugs or alcohol themselves

**(Working Together to Safeguard Children 2018)**

Practitioners should check that an Early Help Assessment doesn’t already exist by contacting their local Locality Community Support Service: **If an EHA already exists you will be given details of a Lead Professional to contact to support the child/YP/family**

**How to undertake an EHA**

* Gain consent from the family
* Check with LCSS is an EHA already in existence?
* Together with parent/carers/young person work through the EHA document discussing the different areas of their lives and consider strengths and challenges within these areas- consider previous, current and potential areas of need. Ask open questions to encourage parents to be honest and share information about their circumstances and family functioning.

As the practitioner who supports the family to complete an EHA you will agree to help make plans to get things working well. This means you will do the following things;

* Help family to record what is working well and what could be better
* Liaise with agencies and other professionals involved in their family life. E.g. GP, Health Visitor if needed
* Explain and organise a meeting called a ‘Team Around the Family Meeting’ if needed
* Request specialist support if needed
* Use the Locality and Community Support Service (LCSS) for advice – more information on the LCSS can be found here: <http://www.oscb.org.uk/professionals/early-help-locality-community-support-service/>
* Provide support from your agency

# The Early Help Assessment Form

**Your Agreement (Primary Carers) – Consent & Practitioner Agreement**

It is important that families understand exactly what they are consenting to. This includes any adult with parenting responsibility and where age appropriate, young people, themselves. Please use the front page of the EHA to gather consent and agree your part in the process.

The consent page is to ensure the family agree to taking part and during the process gives the practitioner consent to liaise with other agencies. Please ensure a final signature is gathered at the end of the EHA to ensure the family have read and are aware of the content before sending into the LCSS for storage.

Ensure this section is completed if you are holding signature copies within your establishment:

|  |
| --- |
| **If you are sending this form by email to LCSS can you confirm that you have consent to share it and hold the original signed copy at your establishment?** |
| **Yes** |

**Family background and information**

This section gathers basic family information and must be completed. If there are other assessments (E.g. CAMHS assessment), attach to the EHA and do not duplicate. Make sure the Early Help Assessment includes all relevant family information not in other assessments.

Think about the families support networks and include their details in “other family members/Significant others”. For example, grandparents/family friends might be a source of support and a strength and therefore a protective factor in a child’s life.

Having information of who lives in the household is important. It ensures we get a sense of the child’s world as well as including significant others who care for the children. This can support conversations around what help the family can access. It can also highlight safeguarding concerns (e.g. if someone living in the home is dangerous/risky).

You can include a full [genogram](https://en.wikipedia.org/wiki/Genogram) or diagram of the household and family.

**Family History**

This establishes any previous information or family history e.g. bereavement, moves that may be impacting on the child.

**What has led to this assessment taking place**

Should clearly and completely state concerns in plain language. Any worker should be able to read the information within this section and fully understand why an assessment is being completed. Try and be as specific as possible and consider all of the main concerns.

**Previous support and actions from family/other agencies**

Please include as much service involvement information as you are aware of, it does not have to be complete. Prioritise information that can help the family and practitioners understand what has worked or not worked previously.

**Parent/Carers View**

The sheet collects the view of parents/carers. They can fill it in together or separately. Anyone providing substantial amounts of care should be included, e.g. grandparents helping. There are stand-alone tables on the OSCB website should you need extra sheets to ensure inclusion of separated families etc.

A strengths-based conversation should be undertaken at this stage. This includes:

* a two-way conversation that identifies what's working well/what could be better in each of the five areas of life
* identify what is the most important issue for that person

**Please ensure you make use of the prompt sheet at the back of the Early Help Assessment to support your conversations. This will help ensure that important issues are not missed.**

Training is included in the Early Help Assessment training on having difficult conversations with families. Book via OSCB learning.

Tips on having difficult conversations:

* Keep conversations constructive by using T.E.D. language: **Tell** me, **Explain** to me, **Describe** to me.
* Where you need more information, use non-directive language: “Tell me more” and “what does that look like?”
* Read back what they have said, to check notes are accurate.

**Child’s view. Ensure the voice of the child is heard:**

Each child should fill in their own view. The Childs View sheet can be sent to the most appropriate professional to complete. If the child is too young to complete these sections, then information from a professional can be gathered using observations or tools such as:

* Wizard and Fairies
* Three houses
* Wishes and Feelings
* Why worry

These are available on the OSCB website ([www.oscb.org.uk](http://www.oscb.org.uk)) or you can contact LCSS for these tools. Following completion these can be sent into LCSS alongside EHA/TAF minutes to ensure the Child’s Voice is central to any assessment/plan.

**Professional views**

This part should be given to those working with the family to share their view. The family can decide who should receive a sheet to fill in, but if you have concerns or a professional seems to be excluded, you should contact LCSS. Again, this can be copied and sent separately to professionals working with the family.

**The Plan**

This should be specific and should name people fully who are going to have actions. It is helpful to name parents and other professionals in full, but also add the professional’s role.

Using all the relevant information from the family, the whole family action plan should identify what needs to change using the whole family action plan.

* What will the outcome be? (Benefit for child)

This is the overall outcomes that the family want to achieve

* What needs to be done? (Action)

This should set specific actions that will have positive outcomes for the child – these should be SMART (Specific, Measurable, Achievable, Realistic and Timely)

Example of an action plan:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What will the outcome be? (Benefit)** | **What needs to be done? (Action)** | **Who will do it?** | **Who will help?** | **By When?** |
| Child will learn strategies to manage self harm with a view to ceasing harming behaviour | School health nurse to support – meeting to be arranged  OR  Contact CAHMS SPA for advise and support | School health nurse  - full name  Parent to contact Spa – full name |  | XXX |
| Attendance to improve (above 90%) | Parenting contract to be completed  Parent to put in strategies at home (include specific examples here) | Parent – full name | School teacher – full name |  |
| Child to be of healthy weight according to guidance | Parent to follow change for life website and make changes | Parent – full name | School health nurse – full name |  |

**A Good EHA conversation should:**

* Be Transparent – don’t record anything in the professional section that you would not speak openly to a family about
* Lead to a better understanding of strengths and needs, and what can be done to help
* Fully involve the child or young person and their family
* Build on existing information to avoid repetition
* Not be too formal or a big event
* Remain as open as possible – use “tell me more” and “what does that look like” questions to support family/young person to tell their story and generate a better picture of their world

**What should I do on completion of the EHA?**

* ALL Early Help Assessments should be completed electronically then emailed to the local LCSS team to be uploaded and stored.
* The LCSS will upload the EHA forms and review the assessment.
* If the form is incomplete or more information is needed, LCSS will contact the EHA author for clarification and to offer support as appropriate.
* On completion of the EHA form the author should set a review date within 6 weeks with the family.
* All EHAs will progress to a first TAF meeting to review the actions recommended.
* If the EHA determines that actions are for the practitioner and family alone then TAF meeting paperwork should be used to review these regardless.
* If a decision is made to close then complete closure and evaluation form and send to LCSS with the final TAF form.
* If the case moves to a full multi-agency response (TAF) a lead professional should be decided prior to the TAF meeting taking place.

# Consent and Storage of an EHA

The practitioner and the family should complete the EHA form together. It is important that the family give consent at the beginning of the EHA process to ensure that if there is a need to liaise with other agencies during the assessment this is possible. For example, you may need to liaise with Education for different children within the family to ensure all the children are heard. You will need to complete the consent page in the EHA in order to talk to other agencies.

**Although consent is required for completion of an EHA, you are reminded that consent is not needed where there are safeguarding concerns or there may be legal powers permitting the sharing of information. Practitioners working with families undertaking an Early Help Assessment should always explain clearly what the consent statement means for the avoidance of any misunderstandings.**

Oxfordshire County Council (OCC) is responsible for storing all EHA and TAF’s on its electronic system which is confidential and families need to be made aware of this process.

In some circumstances, OCC is also required to share information with the Office for National Statistics for research purposes. It is important that families are made aware of this and either give their consent or are advised of their ability to 'opt-out'. Further details of this can be found on the consent page within the EHA document.

If your agency holds the original signature but cannot scan and send to LCSS then please record this on the EHA/TAF document where it asks: “If you are sending this form by email to LCSS can you confirm that you have consent to share it and hold the original signed copy at your establishment”. Ensure a copy is kept in your records for the family.

**The Team Around The Family**

* The TAF is a multidisciplinary team of practitioners established on a case by case basis to support a child or young person and their family.
* Practitioners in the TAF can come from across the workforce and will focus on strength as well as need
* The model does not imply a team that is located together or who work together all the time

A Team Around the Family (TAF) takes a ‘think family’ approach and considers the whole family to ensure best outcomes for children, by co-ordinating the support they receive from children’s, young people’s, adults’ and family services. A child never exists individually and exists in a whole family unit which is important to consider when approaching a TAF meeting.

You can download a quick print-out guide to the TAF from the OSCB Website here:

* [Oxfordshire Team Around the Family - 7 minute guide](http://www.oscb.org.uk/wp-content/uploads/Oxfordshire_Team_Around_The_Family-7_min_guide-.pdf) – print on A3

**TAF Meetings Should**

* Inform, involve and empower children, young people and parents – Young people should be invited to their TAF’s. When a TAF is not appropriate for younger children their voices MUST always be collected using tools to ensure plans are made with the children at the centre
* Offer a holistic, solution focused approach
* Encourage, support and be positive
* Give all members an equal voice
* Arrive at collective agreements
* Acknowledge differences of views and negotiate workable solutions
* Agree needs, decide and action plan and provide well organised support with a review date

**If you are leading a TAF and are of the view other agencies need to contribute but aren’t, please escalate to your LCSS team who can support you.**

**Arranging the TAF**

* Following an EHA assessment, if a multiagency response is required a TAF should be arranged by the EHA author
* The child or young person and/or their parent/carer must be kept at the centre of the process
* Invite relevant practitioners as identified through the EHA assessment and through discussion with the family
* Agree the lead professional before the TAF
* When appropriate a Social Worker will coordinate and lead an exit from social care to a TAF and may invite the LCSS worker along to support in the beginning stages from statutory to community-based support

**Who can be the Lead Professional?**

* Any professional
* A professional who has experience and feels confident with EHA/TAF process (may have undertaken training).
* The professional who knows the family and the family are happy with this choice.
* Many TAF processes require multiple reviews and during this period the Lead Professional role may need to change as the support changes.

The Lead Professional should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services. The lead professional role could be undertaken by, amongst others, a General Practitioner (GP), family support worker, teacher, health visitor and/or special educational needs coordinator.

Decisions about who should be the lead professional should be taken on a case by case basis and should be informed by the child and their family. The lead professional does not always need to be the author of the EHA.

**Key point to remember:** Discussions between professionals and the family should determine who is best placed to be the Lead Professional. The Lead Professional does not have to chair all meetings or complete all paperwork, but they should ensure that these actions take place and be a point of contact for the family.

**During the TAF: suggested script for meetings**

* Welcome and Introductions – explain role of LP and presence/views of young person
* Basic ground rules – voluntary, listen, respectful, focussed, positive,
* Identify the reason for the meeting and ensure family understand the purpose of this meeting – what do the family hope to get from the plan?
* Explore issues identified through the EHA – include any relevant updates of additional issues?
* Identify strengths as well as needs
* Record the child/young person and family’s views
* Minutes should not be overly lengthy; they should be family friendly and concise.
* Draw together a clear SMART action plan – ensuring expectations of what needs to change and what progress looks like
* Set a review date and agree who needs to be invited to the meeting

**SMART Action Planning**

A **SMART action plan** incorporates 5 characteristics of a goal: specific, measurable, attainable, relevant, and time-based.

An **action plan** is a document that lists what steps must be taken in order to achieve a specific goal. The **purpose of an action plan** is to clarify what resources are required to reach the goal, formulate a timeline for when specific tasks need to be completed and determine what resources are required.

It is really important that a TAF does not DRIFT, and that if actions are not achieved or progress is not made, that consultation is made with LCSS and their will be consideration for escalation to Children’s Services.

**After the TAF**

* TAF review notes are sent to all who attended or sent apologies
* TAF team deliver agreed actions
* Monitor and review progress: TAF team liaise with Lead Professional
* If the child or young person’s needs have been met the TAF is closed and their final comments on their experience is recorded
* Send TAF notes and closure/evaluation forms completed by a TAF Team member and the family to your LCSS team

LCSS will contact lead professionals after 12 weeks for TAF minutes if not received, this ensures our database remains accurate in terms of ‘open community TAF’s’

**Closing the TAF**

A TAF can be closed for many reasons, including:

* Desired outcomes have been achieved
* Child or young person moves to another area (gain consent from parents/carers to share information with new area)
* Child or young person has made the transition into adult services – involve adult services early on
* Consent has been withdrawn – what to do now? Liaise with your LCSS workers for advice and support
* TAF process will change when children or young person require support from statutory services – including the family being part of a Child in Need plan/Child Protection planning and the TAF will cease

**DO NOT CLOSE THE TAF IF A CHILD IS MOVING SCHOOLS – THE TAF SHOULD FOLLOW THE CHILD. THE CHILDS PREVIOUS SCHOOL SHOULD ENSURE THIS INFORMATION IS SHARED WITH NEW SCHOOL**

**Early Help offer – Targeted Early Help Case Work**

Trigger: Community EHA/ TAF identifies need for additional specialist support for a child from Early Help. **Community EHA/ TAF Lead Professional contacts LCSS**

LCSS to triage request for additional support using the following criteria:

* Children have an EHA in place and either a TAF in place or plan for TAF.
* The child and family's needs cannot be met by the existing TAF team
* MASH enquiry has been made and MASH/LCSS assess Early Help criteria met after triage – in all instances an EHA should be requested by the community so that it is started.

If case requires Early Help case work then LCSS to take to the weekly Area Transfer Meeting

The Early Help Team Family Solutions Service can offer the following:

* Whole family case work
* Targeted programmes – Freedom Programme, Family Links and Take 3
* Substance misuse work via Aquarius (in some instances without an EHA e.g. self-referral, A&E/GP)
* Young Carers
* Education, Employment and Training support via the EET Service (no EHA needed)
* Targeted open access i.e. Play and Learn
* Carrying out home visits to children who are not on school roll and pupils missing from education

If case requires EET support LCSS refer directly to EET case manager

If case requires Aquarius support LCSS refer directly to Aquarius manager (however, LCSS will have conversations with referrer about   
beginning an EHA where required)

If Early Help case needs escalating to CSC threshold, Early Help worker to raise with Children & Family Centre Manager and FSS Statutory manager and  
 follow agreed process

For closures to the Community including those with a request for LCSS Early Help will close with clear plan and lead professional in place

**Accessing targeted programmes**

Trigger: Community EHA/ TAF identifies need for additional specialist support for a child from EH FSS.

**Community EHA/ TAF Lead Professional contacts LCSS to discuss if suitable. LCSS will then follow up request if appropriate with the Family Solutions Children & Family Centre.**

Targeted programmes available:

* Freedom Programme, Family Links and Take 3

**Please ensure you are using the most up to date Early Help Assessment/Team Around Family Meeting templates by going to:**

<http://www.oscb.org.uk/themes-tools/> – where you will find flyers for families/YP about Early Help and LCSS, EHA/TAF guidance and tools to collect child’s voice, crucial for the EHA and any TAF meetings held.

**Information Sharing Decisions**

Decisions about information sharing should be based on an assessment of benefits and risks to the child, young person or family

**Decision to share**

You must assess:

How would sharing information benefit the child, young person or family? What are the risks if information is not shared?

**Decision not to share**

You must assess:

What are the benefits of not sharing information? What are the risks if information is shared?

Key questions to inform decision making

* Is there a clear & legitimate purpose to share the information?
* Does the information enable a living person to be identified?
* Is the information confidential?
* Do you have consent to share?
* Is there sufficient public interest to share?

Are you sharing information appropriately and securely?

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

**The Seven Golden Rules to Sharing Information**

**If we believe a child is at risk of harm we must share information.**

**FAQs**

Q **How do I access Early Help Targeted teams?**

A Contact your LCSS link worker – information can be found on OSCB re: named link worker or simply call the main duty line.

Q **How do I access Targeted Programmes (E.g. parenting programmes, domestic abuse programmes)?**

A Contact your LCSS link worker.

Q **Do I always need an EHA to access an Early Help Caseworker or Targeted Programme?**

A Yes an EHA is required so that our services understand the needs of the family and can ensure the right support is offered at the right time. However, please do not be put off referring children if and where you see emerging concern – always contact you LCSS link worker to discuss.

Q  **Are there referral forms for Early Help?**

A No – an EHA / TAF is what is required to support moving from Community Early Help as per “working together to safeguard children” legislation. Instead of a referral form a conversation is required with LCSS to progress into Early Help Services if appropriate/agreed.

Q **Who do I call if I have an immediate safeguarding concern?**

A MASH – please use the workflow in this Handbook to support understanding of “immediate safeguarding” and use the Threshold of Need”.

Q **Do I need consent from a family to invite an LCSS link worker to the TAF?**

A Yes – please use the “LCSS A guide for families” flyer to support this conversation

**Glossary of terms**

|  |  |
| --- | --- |
| ATM | Area Transfer Meeting |
| C&FC | Children and Family Centres (where FSS are based) |
| C&FCM | Children and Family Centre Manager |
| CAFAT | Children and Family Assessment Team |
| CAMHS | Children and Adolescent Mental Health Service |
| CSC | Children Social Care |
| CDE | Child Drug Exploitation |
| CSE | Child Sexual Exploitation |
| EET | Education, Employment and Training Team – supports all young people who are NEET (not in employment education or training) |
| EH | Early Help (within the Family Support Service - formerly known as Early Intervention Service) |
| EHA | Early Help Assessment |
| EHCP | Education Health and Care Plan |
| FSS | Family Solutions Service (Statutory and Early Help) |
| HV | Health Visitor |
| IC | Independent Chair |
| LAC | Looked After Children (Team) |
| LC | Leaving Care (Team) |
| LCSS | Locality and Community Support Service |
| LP | Lead Professional |
| LSCB | Local Safeguarding Children Board |
| MASH | Multi Agency Safeguarding Hub |
| NNC | No Names Consultation |
| OCC | Oxfordshire County Council |
| OSCB | Oxfordshire Safeguarding Children Board |
| REoC | Residential Edge of Care (Service) |
| RAP | See Area Transfer Meeting |
| SP | Senior Practitioner |
| TAF | Team Around the Family |
| TF | Think Family/Troubled Family |
| ToN | Threshold of Need |
| TVP | Thames Valley Police |
| YJS | Youth Justice Service |

**sources/Templates:**

# Resources / Templates

Flyers can be found on the OSCB website to support families understanding of EHA/TAF

[Early Help Flyers for families](file:///C:\Users\jeremy.day\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\OKX2N9PB\•Oxfordshire%20Early%20Help%20Guide%20for%20Families)  
[Early Help Flyers for Young people](file:///C:\Users\jeremy.day\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\OKX2N9PB\•Oxfordshire%20Early%20Help%20Guide%20for%20Children%20and%20Young%20People)

[LCSS Guide for Families](file:///C:\Users\jeremy.day\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\OKX2N9PB\•Oxfordshire%20Locality%20Community%20Support%20Service%20Guide%20for%20Families)

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Should you wish to see who the Locality Link Workers are or for further contact details of LCSS go to:

<http://www.oscb.org.uk/professionals/early-help-locality-community-support-service/>

# Oxfordshire Multiagency Children and Family Practitioner’s Toolkit

Visit the [Oxfordshire Practitioner’s Toolkit](https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/practitioner_toolkit.page) for ready-to use tools, resources and information to support work with children and families in Oxfordshire. Search for services in the Service Directory, and access early help tools, links and helplines in the online toolkit.

Registered Practitioners can also access our forum, document library and enhanced information about services, providers and activities – click on Register and follow the instructions.

Don’t worry about losing your password; access to the Toolkit, Service Directory, News and information pages will never require sign-in.

[www.oxfordshire.gov.uk/practitionertoolkit](http://www.oxfordshire.gov.uk/practitionertoolkit)

# [Neglect Practitioner Portal](http://www.oscb.org.uk/themes-tools/neglect/neglect-toolkit-home-page/)

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. *Working Together 2013*

In Oxfordshire, neglect is the most common reason for children becoming subject to a child protection plan (and to a repeat plan). It is a common feature in the county’s recent serious case reviews. It is difficult to define and often coexists with other forms of abuse. Apart from being potentially fatal, neglect causes great distress to children and affects their wellbeing in the short and long term.

In 2015 Oxfordshire County Council ran a pilot to improve the way we work together to tackle the issue of neglect. Work from this pilot has been synthesised and evaluated to create a new [**neglect practitioner portal**](http://www.oscb.org.uk/themes-tools/neglect/neglect-toolkit-home-page/).

The Neglect Practitioner Portal includes guidance, useful downloadable tools and interventions, child protection tools, processes and procedures and information about what works from families where neglect has been an issue, in their own words.

<http://www.oscb.org.uk/themes-tools/neglect/neglect-toolkit-home-page/>

**and**

# Community & Support Resources for Parents and Professionals

There are activities and support services in the community for disabled children and their families. Many are open access and do not require an assessment. There is a great deal of information on the public website under the Local Offer: <https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>

Other resources, information and support services can be found on the Family Information Service Directory [www.oxfordshire.gov.uk/familyinformation](http://www.oxfordshire.gov.uk/familyinformation)