

Cheshire West and Chester

Team around the Family (TaF) Practice Guidance – to be read in conjunction with the LSCB Children in Need Procedures

“In developing local and shared arrangements to identify and record the early help needed by children, young people and families, it is the provision of an early help offer, where their needs do not meet the threshold for Children’s Social Care services, which will continue to matter and make the most difference to them”.

A child-centred system - Professor Eileen Munro

Context

The development of the Team around the Family (TaF) framework was a response to the work carried out by Atkins and a recognition that the current CAF process was not embedded in practice.

TaF aims to focus on interventions primarily at Levels 2 and 4 of the Continuum of Need, reducing the demand on Level 4 services and delivering a more effective early support service to children and their families.

This practice guidance will assist in the process of embedding the TaF and support the awareness of thresholds; good escalation to and de-escalation from Child in Need or Child Protection plans; encourage outcome focused action plans; reduce duplicate assessments and facilitate the development of a single point of access and referral using the TaF approach.

A key component of TaF is ensuring that the voice of the child is heard and that their 'journey' can be captured in line with the new Ofsted inspection frameworks for safeguarding services and for Children's Centres.

1 Introduction

This practice guidance is to be used in conjunction with the LSCB Children in Need procedures. It has been developed to help all those who work with children and their families to focus on and identify additional needs and vulnerabilities in children, and the actions required to meet those needs. It underpins Cheshire West and Chester's Continuum of Need (CoN) and Response and supports the use of a common language. The document is based on recognised good practice and influenced by research and local experience. The procedures reflect the guidance issued in Working Together to Safeguard Children 2010 (HMSO 2010). It is also underpinned by national and local guidance which includes:-

- Children in Need (CIN) procedures (LSCB)
- Framework for the Assessment of Children in Need and their Families (2000)
- The Laming Report
- Ofsted report: The voice of the child: Learning lessons from serious case reviews, April 2011
- The Munro review (2010/2011)

Once the assessment information is recorded on a team around the family form it then becomes a suitable tool to share that information with other practitioners with the consent of parent/child. This will prevent the need for children, young people and/or families to repeat their information, or undergo repetitive assessments and will reduce duplicate help and/or conflicting advice being given to the family. These assessments form part of the process that sits within the continuum of need and as such are aligned with the initial and core assessment processes within Children's Social Care (CSC).

The TaF framework encourages practitioners to look at the needs of the whole family as a 'system' but you should also be aware of the Fraser guidelines which have been widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

2 The role of TaF in Early Support

Support for children, young people and families needs be offered at the earliest point to deal with the impact of difficulties and to prevent these from becoming more serious. Individual services need to work with children, young people and/or families to provide additional provision from within their own agency or another universal service before requesting additional services. It is important to remember that the child is paramount.

Where a range of services is being accessed for a child or family, one practitioner will take on the role of Lead Practitioner, ensuring that the family have a clear contact and that action plans are coordinated through Team around the Family (TaF) meetings. There might be occasions when, following the completion of a core assessment, the Lead Practitioner has been from CSC. When these concerns have been addressed and managed, the family might require a lead Practitioner at Level 2 or 3 of the CoN. (See Step Down Process, page 7 and CIN Procedures on SharePoint)

There is a range of tools to assist with capturing views of children and young people attached at the back of this guidance.

When practitioners should complete a TaF assessment

When a practitioner identifies that more than one additional service is needed to support a child/young person the team around the family assessment process should commence. This will ensure that information is shared, multi agency consultation is improved, action plans are clear and coordinated and that a Lead Practitioner is agreed. The Lead Practitioner will then review and ensure progress by encouraging accountability to the actions by the child, the parents and of all the other practitioners involved. When initiating a TaF it is important to check if any other assessments are in place – practitioners should not repeat/duplicate assessments unnecessarily.

[TaF assessment form](#)

3 Consent and Information Sharing

A TaF assessment aims to enable and support better information sharing about the needs of children. It is important that all practitioners share information lawfully. Practitioners will complete the consent form (Form 1) with child/parent(s) at the very beginning of the assessment process. If a parent does not consent but there are still concerns, you need to consider the Fraser guidelines and you might want to discuss your concerns with the Contact and Referral Team. Assessments must be undertaken with children and parents

and the information recorded must be agreed in partnership with them. It is also necessary to work with children and parents to agree how information is recorded, used and with whom it can be shared. This may include the decision in a domestic abuse situation, not to share information with an alleged abusive parent, where to share such information may increase the risk to the child and/or the non abusive parent. National guidance says that we should work separately with each parent where domestic abuse prevents the non abusing parent from being able to speak freely and without fear of retribution.

Where domestic abuse has been disclosed the practitioner should complete a [RIC \(Domestic Abuse Stalking & Harassment Risk Indicator Checklist\)](#) with the abused parent and where the criteria are met, make a referral to the (MARAC) Multi Agency Risk Assessment Conference.

www.cheshirewestandchester.gov.uk/domesticabuse Support for a non abusing parent in dealing with domestic abuse can improve that person's ability to parent and thereby support the improved well being of the child.

4 Completing a Team around the Family (TaF) Assessment

An assessment is more than just filling in the TaF Assessment Form (Form 2). It is a process of engagement with the child, young person and their family, and with other practitioners to assess the additional needs of a child or young person and to give a holistic view that considers strengths as well as needs. It is important that assessments enable us to capture the journey of the child.

The new assessment process has been designed to help practitioners assess needs at an early stage and then work with families, alongside other practitioners and agencies, to meet those needs. This is especially critical in cases of suspected neglect.

It is recognised that families respond better when they receive support in a timely way. It is, therefore, essential that practitioners avoid drift in the assessment period.

5 Next steps after completing the TaF assessment

There are three likely outcomes once all the relevant information has been gathered:

There are no worries/concerns

Therefore no further action is needed but practitioners must:

- note this on the assessment form
- complete and submit a TaF log form to record that the assessment has finished and no further action is required
- once an assessment is closed it needs to be kept on file in line with the practitioners service/agency's record keeping policy.
- practitioner retains original assessment form and gives the young

person and/or parent(s) a copy of it.

Support can be met by a single agency

Therefore

- the practitioner, young person and/or parent(s) carries out the single action to meet the identified unmet need.
- the action plan is updated as appropriate
- the practitioner retains original assessment form and gives the young person and/or parent(s) a copy of it.
- A [TaF log](#) form is completed and submitted when the assessment is closed

Support requires a multi agency intervention

Therefore an integrated response is required:

- check if family have been open to CSC
- a Team around the Family (TaF) meeting is arranged, including the child or young person and parents.
- a TaF log form is completed and submitted
- The author of the assessment invites all identified services to the TaF meeting and sends a copy of assessment to them so that any preparatory work can be undertaken prior to the TaF meeting.

6 Team around the Family meetings

A team around the family meeting is an effective method of multi-agency working and is a good opportunity for all the practitioners, along with the parent(s)/carer(s) and child/young person to discuss strengths, needs, issues, options for resolutions, plans for support and services and progress with these, similar to CIN meetings

The author of the assessment will coordinate and chair the first TaF meeting. The first meeting should be arranged within 10 working days of the completion of the assessment. It is imperative that the child, young person and/or their parent is at the meeting. A key task of the chair of the meeting is to ensure that all those present, including the family, have an opportunity to contribute to the discussion, formulate and review the service plan.

What are the anticipated outcomes?

TaF meetings should agree the following:

- The Lead Practitioner will be identified
- An outcome focused action plan will be developed with SMART objectives
- Dates of future review meetings will be agreed to ensure that the plan does not drift

7 Lead Practitioner

The action plan should identify a practitioner to act as a single point of contact for the child or family and to co-ordinate the delivery of actions agreed and the review procedure. This person is not responsible or accountable for the actions of other practitioners or their services. Each practitioner may be given a task and is accountable to their home agency for their delivery of the task. The Lead Practitioner role includes communicating with the child/young person and parent(s)/carer(s) and being their main contact, to coordinate the activity in the action plan, for example referrals and requests for services to other agencies, arrange the team around the child meetings (if required), organise recording of meetings and updates to the child/young person's action plan, distribute copies of documents to practitioners involved, review of the action plan and the closure of the assessment when appropriate.

8 Team around the Family Review Meetings (See also Planning and Review guidance Appendix 2)

The Lead Practitioner is responsible for co-ordinating the review process. Other relevant agencies and the child, young person and parent or carer should support this. The initial review of the action plan should be at 6 weeks and thereafter reviewed every 6 – 8 weeks (maximum). It is important that children and families are not involved in assessments longer than needed and the focus is kept on the actions identified in the plan and addressing these.

The action plan (Form 3) should be updated at each meeting so it remains focussed and relevant and all members of the team should make sure that support is provided as agreed in the plan and that the issues do not drift. After a period of 9 to 12 months teams should be considering closure carefully - is their support still required and are objectives being met. If the child's needs are increasing despite the TaF plan being in place, consideration must be given to what additional support needs to be offered, and reference made to the CoN thresholds for guidance in determining whether social care help may be required. Reference should be made to the [Children in Need planning procedures](#) and Planning and Review guidance.

If a plan continues after 9 months, you should consider the following:

- should the plan end
- should it continue
- should it change because needs have changed
- is it appropriate to escalate to Level 4 and CIN

(NB Any of the above can be considered at any point during the assessment process – refer to the CoN.)

It is important to ensure that reviews of plans are in place to ensure children's needs are met and cases do not drift.

A final summary must be included in the closure of a TaF assessment. This must include information about the reasons for closing the assessment process and any ongoing actions for the family or practitioners in mainstream

services. A final copy of the assessment and/or action plan must be given to the family and a copy must be kept with the assessment author/Lead Practitioner. It is the responsibility of the assessment author/Lead Practitioner to retain a copy of the assessment and action plan for the appropriate length of time according to the policy of their individual service.

Some families may choose to withdraw their consent during the TaF assessment process because they may not agree with the practitioner undertaking the assessment or about the level of need of their child or they may feel that they can meet the need themselves within their own resources. At this point the practitioner needs to decide whether this will place the child /young person at risk of experiencing significant harm. If so, then Local Safeguarding Children's Board procedures must be followed.

If the family/young person is planning a move out of the area, then every possible effort should be made to agree a new assessment owner from an appropriate agency in the new area and a copy of the TaF assessment should be sent to that person. If the move is sudden or unplanned, the closure process must still be followed.

9 Step Up Process

Unless the risk to a child or young person has immediately fast-tracked to a level that places the child at risk of significant harm (level 4), then before referring to Children's Social Care other services that have previously been involved with a child, young person and their family must complete a team around the child/family assessment and action plan.

Any work undertaken at level 3 and 4 must take into account any previous TaF assessments. The practitioners involved with a child or young person before they enter level 3 or 4 services should share information with specialist services. Sharing the early assessment documentation is a good way of doing this. At the point of escalation, the existing TaF assessment and action plan should be updated and shared with the appropriate specialist services. The TaF assessment should be kept open until it has been agreed that a specialist service will have ongoing involvement with the child, young person and family and only then is it appropriate to close the TaF assessment. If a child is referred to and accepted by Children's Social Care then the role of the lead practitioner should be reviewed. If you make a referral but it is not accepted you should discuss with your line manager in line with the escalation procedures (Appendix 1)

10 Step Down Process

When a specialist service (eg social care) is closing their involvement with a child, young person and family because their high level needs have been met or are no longer causing concern, but that there are ongoing needs requiring intervention by universal services/targeted services then the family must be informed and Children's Social Care should liaise with the Early Support Services.

The Social Care Key Worker must consider and liaise with the practitioners that they believe will be best placed to meet the family and child's continuing needs at a lower level of intervention. They will then invite these practitioners to a final Child In Need (CIN) meeting to agree jointly with the family what the new arrangements and plan will be once Social Care are no longer involved. This must be done with the child and family's consent. At this meeting the transfer of the Lead Practitioner from the Social Care Key Worker to the most appropriate practitioner will be agreed, again with consent from the child and family.

The new Lead Practitioner will then log that a team around the family assessment has begun and they will manage the work going forward and Children's Social Care will close the case. To avoid the need for the child and family to tell their story again, the existing Initial/Core Assessment and/ or Child in Need Plan will be shared and used as the basis for the ongoing support. The new Lead Practitioner will therefore only complete the family's personal details to log the team around the family assessment. However they will still need to complete the consent agreement and the action plan with the family. The action plan must make reference to the Child In Need Plan/Core or Initial Assessment.

Team around the Family Toolkit - Signs of Well Being Template

Signs of Well-Being

Worries

What is happening with the child/young person that is worrying you?

Strengths and Resources

What relevant resources and strengths are already in place?

Child/Young Person's Goals

What does the young person want to change and what are their ideas for achieving this?

Parent/Carers Goals

What does the Parent/Carer want to achieve and what are their ideas for achieving this?

Practitioner's Goals

What changes do the Practitioners need to see to be confident about the young person's well-being?

Designed by Gateshead and Newcastle

Resolving Professional Disagreements Escalation Policy

Escalation Policy

1. Context

- 1.1. This policy has been developed in line with the guidance set out in Working Together to Safeguard Children, 2010. (paragraph 3.26 and 5.80). This policy is to ensure partner agencies have a quick and straightforward means of resolving professional differences in view of specific cases, in order to safeguard the welfare of children and young people.

Effective working together depends on resolving disagreements to the satisfaction of workers and agencies, and a belief in a genuine partnership and joint working to safeguard children.

- 1.2. Problem resolution is an integral part of professional cooperation and joint working to safeguard children. Professional disagreement is only dysfunctional if not resolved in a constructive and timely fashion.
- 1.3. At no time must professional disagreement detract from ensuring a child is safeguarded. The child's welfare and safety must remain paramount throughout.
- 1.4. Attempts at problem resolution may leave one worker/agency believing that a child/ children may be at risk of significant harm. If that is the case, this person/agency has responsibility for communicating such concerns through agreed child protection procedures on the same working day.
- 1.5. Disagreements could arise in a number of areas, but are most likely to arise around determining levels of need, roles and responsibilities, and the need for action and communication.

2. Resolving Disagreements

- 2.1. Initial attempts should be taken to resolve the problem; the aim should be to resolve difficulties at practitioner/case worker level between agencies.
- 2.2. When there is recognition that there is a disagreement over a significant issue, which impacts on the safety and welfare of a child, the respective workers must identify explicitly what the problem is and have absolute clarity about the nature of the disagreement and what the respective workers aim to achieve.
- 2.3. It should be recognised that differences in status and/or experience may affect the confidence of some workers to pursue this unsupported.

2.4. If unresolved, the problem should be referred by each worker to their respective line manager/supervisor for safeguarding, for school staff this will be the designated person, who in turn is expected to discuss with their opposite number in the other agency. Some examples below:

Social Worker - Line Manager

Community Midwife - Supervisor of Midwifery

GP - PCT Named Doctor

Hospital Nursing Staff - Sister/Ward Manager

Hospital Doctor - Named Doctor

Community Mental Health Team – Line Manager

Staff in schools-designated person in school with safeguarding responsibility

2.5. A clear record must be kept at all stages, by all parties, in particular this must include written confirmation between the parties about an agreed outcome of the disagreements and how any outstanding issues will be pursued.

3. Where professional disagreements remain

3.1. If professional disagreements remain unresolved following discussions between respective managers, the matter must be referred to the LSCB board representative for each agency involved for resolution.

3.2. In the unlikely event that the steps described above do not resolve the issue and/or the discussion has raised significant policy issues, it should be referred to the Safeguarding and Quality Assurance Unit Senior Manager, who will offer mediation and determine a course of action. This will include reporting to the LSCB Chair, as per the attached flow chart.

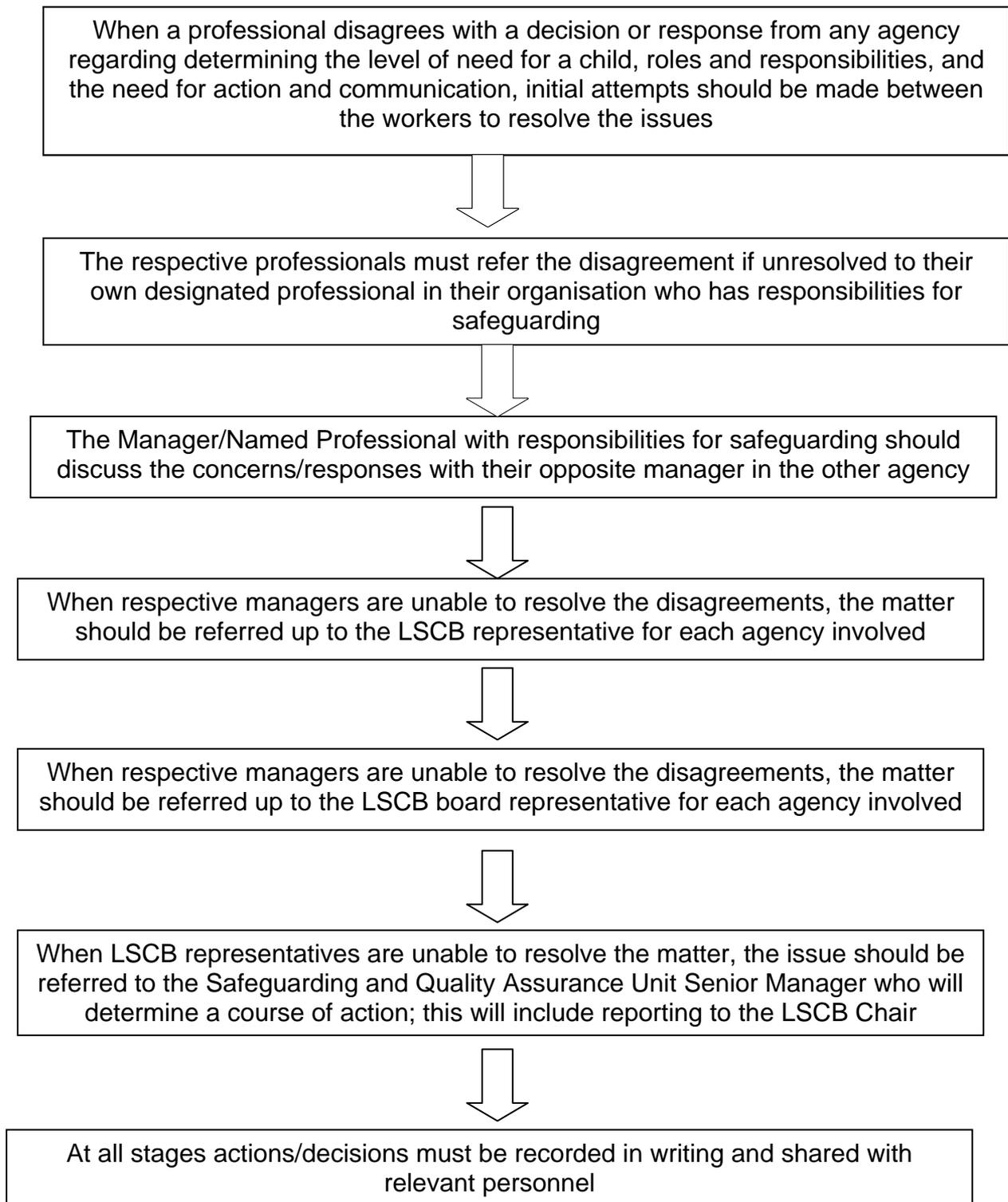
4. Following the use of the Escalation Policy

4.1. It may be useful for individuals to debrief following some disputes in order to promote continuing good working relationships.

4.2. When the issue is resolved, any general issues should be identified and referred to the Safeguarding and Quality Assurance Unit for consideration to inform future learning

CHESHIRE WEST AND CHESTER LOCAL SAFEGUARDING CHILDREN BOARD

**ESCALATION POLICY FOR RESOLVING PROFESSIONAL DISAGREEMENTS BETWEEN
WORKERS WHEN WORKING WITH CHILDREN AND FAMILIES**





Cheshire West
and Chester

APPENDIX 2

CHILD IN NEED PLANNING AND REVIEW

PLANNING AND REVIEW

CHILD IN NEED PLANNING PROCESS

All children who receive services through allocation to a Social Worker are children in need and those services may be delivered through:

- A Care Plan for Children in Care
- A Child Protection Plan
- A Child in Need Plan.

A child in need plan may be developed following an initial assessment if services are to be offered in the very short term. However most Plans will be developed following a Core Assessment.

Every child in need receiving an intervention should have an individual child in need plan which details:

- The overall objectives of the plan
- The services to be provided and what their purpose is
- Responsibilities for each aspect of the Plan
- The timescales for provision
- Review arrangements

The child in need plan ensures that:

- All children and young people have clearly stated objectives for them to gain maximum life chance benefits from education, health care and social opportunities
- There is a strategy for achieving these objectives.
- Consideration is given to factors which protect children from emotional, physical and sexual abuse and neglect

CHILD IN NEED PLANS

The child in need plan should be developed at a meeting which includes the children, parents, family and other people who can usefully contribute to the collation of the information and the formulation of the plan. If any significant family member of the planning group is unable to attend the meeting they should be assisted to present their contribution in either written or verbal format.

PRACTICE GUIDANCE:

Meetings may proceed in the absence of the child and parents but the focus of the meeting must remain on progressing the child in need plan and should not become a forum for professionals to share their concerns.

It is important that the children and family attend the meeting and arrangements should be made which facilitate their attendance. Consideration should therefore be given to accessibility, location and timing.

The meeting can be chaired by a Social Worker, a Senior Practice Lead or another senior member of staff. The team manager will decide in consultation with the social worker who will chair the meeting based on:

- The complexity of the case
- The expertise of the worker
- The potential for conflict/disagreement

The Chair will ensure that:

- The meeting is as open and informal as possible consistent with the tasks
- Particular attention is given to the use of language and any special terms explained
- The child and parent(s) is given appropriate encouragement, assistance and opportunity to say what they wish
- Differences and disagreements are respected and recorded.
- Any needs with regard to age, disability, culture, religion or race are given special consideration

PRACTICE GUIDANCE

Staff should be alert to the many issues, which can impact on a child's identity. These can be race, religion, gender and disability. However should there be indications that sexuality (including transgender issues) might be an issue for the child particular attention should be given to supporting the child as this can be an often ignored or overlooked facet of a child's identity. Staff must agree with the child or young person any relevant information relating to these sensitive issues, which can be shared prior to the meeting in order to maintain the child's sense of privacy and dignity. Meeting participants will share information relevant to the dimensions and domains of the Framework for the Assessment of Children in Need and their Families outlined in the child in need assessment.

The meeting may consider:

- The information available and any gaps in information
- Who in the family needs to be involved and how they will be involved
- What services are needed to meet the child and family's needs.
- Whether any further specialist assessments are needed
- What are the objectives of the Plan
- What actions need to be taken to meet the objectives of the Plan
- Who will undertake the actions and what timescales will apply

RECORDING THE CHILD IN NEED MEETING AND PLAN

Following the meeting a Record of Planning Meeting and Child in Need Plan document should be completed for each individual child on the child's Electronic Social Care Records.

Each child should have their own plan that clearly states:

- The overall objectives of the plan
- The services to be provided by all the agencies involved in the Plan and what their purpose is
- Responsibilities for each aspect of the Plan and agencies responsibilities for monitoring of the outcomes to be achieved
- The key worker with overall responsibility for the Plan.
- The timescales for provision
- Review arrangements

PRACTICE GUIDANCE

The plan must focus on the child in achieving improved developmental outcomes and ensuring the child is safe, even though services may be provided to a number of family members as part of the plan. The complexity or severity of the child's needs will determine the scope and detail of the plan. Any referrals for additional services made to other agencies that are not part of the planning and review group should be recorded on the Plan and their purpose indicated. Copies of the Plan should be provided to the children, family and participants in the planning and review group within 10 working days of the meeting.

REVIEWING THE CHILD IN NEED PLAN

A child in need plan should be reviewed at 3 months and at a minimum frequency of 6 months thereafter. This is the minimum frequency and some cases may require review on a more frequent basis.

No child in need case should be closed unless a review of the plan has been completed and a decision made that the plan has achieved its objectives/is no longer required and that satisfactory arrangements for the continuing promotion and safeguarding of the child's welfare are in place. This may include continuing provision of services within a CAF.

The worker responsible should prepare for the review meeting by consulting with the key agencies/people concerned with the child/ren on a regular basis prior to the meeting.

The review meeting should include the child/ren, parents, family and significant other people who have been involved in delivery of services specified in the plan. If any family member of the planning and review group is unable to attend the meeting they should be assisted to present their contribution in either written or verbal format.

It is important that the child/ren and family attend the meeting and arrangements should be made which facilitate their attendance. Consideration should therefore be given to accessibility, location and timing.

The meeting will be chaired by a Social Worker, a Team Manager or another senior member of staff. The line manager will decide in consultation with the case manager who will chair the meeting based on:

- The complexity of the case
- The expertise of the worker
- The potential for conflict/disagreement

The Chair will ensure that:

- The review is as open and informal as possible consistent with the tasks
- Particular attention is given to the use of language and any special terms explained
- The child and parent(s) is given appropriate encouragement, assistance and opportunity to say what they wish
- Differences and disagreements are respected and recorded.
- Any needs with regard to age, disability, culture, religion or race are given special consideration

PRACTICE GUIDANCE

Staff should be alert to the many issues, which can impact on a child's identity. These can be race, religion, gender and disability. However should there be indications that sexuality (including transgender issues) might be an issue for the child particular attention should be given to supporting the child as this can be an often ignored or overlooked facet of a child's identity. Staff must agree with the child or young person any relevant information relating to these sensitive issues, which can be shared prior to the meeting in order to maintain the child's sense of privacy and dignity.

The following are potential outcomes following the Review Meeting:

Satisfactory arrangements for the continuing promotion and safeguarding of the child's welfare are in place and that the Plan will no longer be applicable. Children's Social Care will cease involvement and no further review meetings will be arranged. Other participants in the Plan also cease involvement or revert to normal provision within universal services and the child/ren and the family will no longer be subject to any multi agency assessment, planning and review framework.

Other agencies may continue providing services as part of the ongoing arrangements for the continuing promotion of the children's welfare. If the Review Meeting concludes that Children's Social Care will cease involvement, the Review Meeting should also consider whether 2 or more agencies should continue to be providing services and whether future planning and review should continue within the Common Assessment Framework. If the Child in Need Review reaches this conclusion, the Review Meeting will convert to a Common Assessment Framework Meeting, a CAF action plan put in place and lead professional appointed. Future reviews will be under the Common Assessment Framework. Information available to the Child in Need Review has heightened concerns for the child's welfare to the point where there are concerns of significant harm. In these cases Children's Social Care will initiate actions under the Safeguarding Procedures and future planning and review will take place within the safeguarding planning forum.

The date for the next review must be set at the end of the meeting.

RECORDING

- The review of the child in need plan should be recorded on the child in need plan.
- Any amendments to the plan which have been required as a result of significant issues or changes to the child and/or their family should be recorded and the plan re-dated from the date of the review.
- Copies of the review document and any amended plan should be provided to the children, family and participants in the planning and review group within 10 working days of the meeting.

CONSENT TO INFORMATION SHARING

Any assessment under Section 17 1989 Children's Act will require written consent being obtained from the person with parental responsibility for information to be shared with and obtained from other agencies. The Directorate form should be used for this purpose.

It is the responsibility of any agency making a referral to Children's Social Care to obtain the consent of the person with parental responsibility before making the referral. The consent should be recorded on the Children's Social Care Referral and Initial Information Record.

PRACTICE GUIDANCE

It is accepted that in some police interventions it will not always be possible to obtain written consent before making referral to Children's Social Care for example Children and Vulnerable Adult Database(CAVA's) or Section 47s.

Before professionals have discussions about any child welfare concerns with other agencies, they should seek the parent's permission, and/or the child's where appropriate, unless seeking permission itself place a child at risk of significant harm. Examples of where this may cause such harm include:

- Where sexual abuse is suspected or disclosed
- Where fabricated or induced illness is suspected
- Where there are fears for the safety of the child due to possible action by members of their family
- Where it is not possible to contact the person whose consent is required immediately and prompt action is required to establish or ensure the child's safety.