



1. Targeted Early Help (TEH) in Slough

Early help forms a key role in safeguarding children and young people in Slough. All requests for TEH support are made via a multi-agency referral form (MARF) to MASH, this ensures a consistent application of threshold, [Slough Safeguarding Children Partnership - Thresholds document 21-24](#) (telephone 01753 875362).

MASH triage the information supplied and at the end of the process there will be a decision as to which level of need is met.

If the decision is made that a Level 2 targeted early help response is needed, a referrals coordinator worker from the TEH service will contact the parent to discuss the support requested and confirm consent has been given for support.

If, following completion of a Child & Family Assessment, the recommendation is for a Level 2 targeted early help support, there should be a staff consultation between the TEH duty manager and the Social Worker.

The team lead for the four Targeted Family Support Teams provides a duty service each week over a four-week cycle and will process all new cases for TEH within their duty week.

2. Step down cases from Child In Need Planning

Families supported under a Child in Need plan can after a period of support at Level 3 be assessed as meeting Level 2 threshold and agreed to step down to Targeted Early Help.

Families identified for step down to TEH should be discussed via staff consultation between the TEH duty manager and the Social Worker.

Where possible a Targeted Early Help practitioner should be invited to the review meeting at which step down is discussed.

Following completion of a Child and Family assessment by the Social Worker, the allocated Targeted Early Help practitioner will complete a short assessment to confirm criteria for the Supporting Families Programme and to draft a support plan outlining key actions.

3. Process for managing threshold disputes

In cases where there are disputes over threshold, in the first instance this would be discussed between the Targeted Early Help Team Leader and the Social Care Team Manager. Where resolution cannot be reached this will be escalated to the Heads of Service.

4. Stepping up cases from Targeted Early Help

For children and families supported at Targeted Early Help where concerns have emerged that may require specialist support the Targeted Early Help practitioner will speak with the Team Leader in the first instance. If further clarification on threshold is needed, then a consultation will be held with MASH.

For cases where there are clear safeguarding concerns that warrant escalation, then a MARF will be completed and submitted to the front door for threshold review.

For cases where concerns mean the child is at immediate risk of harm, then MASH will be alerted and a MARF submitted to the front door for threshold review.

4. Early Help Assessment (EHA)

For cases where there has not been a C&F assessment completed, the Targeted Early Help practitioner will complete an Early Help Assessment with the family, identifying the strengths and areas of the development for each family member.

The assessment should consider views from all family members, wider support network and professionals involved with supporting the family to ensure a holistic support plan can be developed.

The EHA should capture if the child has caring responsibilities for family members within the home, to enable any young carer status to be identified.

The EHA should identify if any person within the family, aged up to 25, has Special Educational Needs (SEN) needs and/or has an Education Health Care Plan (EHCP). This will ensure appropriate specialist support can be included within the Team Around the Child and their family meeting.

5. Team Around the Child and their family Meetings

Team Around the Child and their family (TAC) Meetings will follow completion of an Early Help assessment.

The TAC Meeting provides an opportunity for a child and their parents/carers, together with key agencies, to identify and agree the package of services required and to develop the TAC Plan.

All TAC Meetings should be attended by the child (depending on age and understanding), parents/carers and those agencies whose potential/actual contribution is recommended as an outcome of an Early Help assessment.

The relevant lead practitioner should discuss potential attendees for the Meeting with the child and the parents/carers prior to arrangements being made for the meeting.

It will be important that an appropriate venue suitable for the child and their family are used for the meeting. Consideration must be given to transport, timing and any childcare issues. Where a child is attending a meeting and is of school age the meeting should be held outside of school time, wherever possible.

The first TAC Meeting will usually be chaired by the allocated lead practitioner.

The lead practitioner is responsible for convening the meeting and arranging invitations. Where there are escalating concerns for the family and/or professional dispute over thresholds it may be appropriate for the Team Leader to chair the TAC meeting.

A note of the meeting will be taken by the Chair. This record will be shared with those involved, including the child and parent/s.

6. Team Around the Child (TAC) Plans

A TAC Plan will be developed in a Team Around the Child and their family meeting.

Most TAC Plans will envisage that Targeted Early Help intervention will end within six months. However, some children and families may require longer term support, for example children with additional needs.

The TAC Plan must identify the lead professional, any resources or services that will be needed to achieve the planned outcomes within the agreed timescales and who is responsible for which action and the timescale involved.

In particular, the TAC Plan should:

- Be co-produced with the family
- Describe the identified developmental needs of the child, and any services required.
- Include specific, achievable, child-focused outcomes intended to promote and safeguard the welfare of the child.
- Include realistic strategies and specific actions to achieve the planned outcomes.
- Include a contingency plan to be followed if circumstances change significantly and require prompt action.
- Include timescales that are not too short or unachievable.
- Not be dependent on resources which are known to be scarce or unavailable.
- Identify the lead practitioner and their responsibilities, including frequency of visits to the child, which should be a minimum of four weekly.
- Clearly identify the roles and responsibilities of other professionals and family members, including the nature and frequency of contact by professionals with children and family members.

The Chair of the TAC Meeting is responsible for the distribution of the TAC Plan. A copy of the TAC Plan should be provided to the parents, child (if old enough) and the agencies or other professionals involved in the provision of services under the Plan.

The lead practitioner will be responsible for implementing the plan including making referrals to appropriate agencies for services as described in the plan.

Where it becomes necessary to make minor adjustments to the plan and services provided, any changes to the plan must be made in consultation with the parents and the child (where appropriate) and key professionals from other agencies.

7. Reviews of Team Around the Child (TAC) Plans

Reviews will be conducted at intervals; the first TAC meeting being held within six weeks of allocation and subsequent meetings being held at eight-week intervals.

If there are significant changes in the family circumstances, an early review should take place.

Any safeguarding issues which arise during the course of a TAC must be responded to in line with [Slough Multi-Agency Safeguarding Children Partnership Procedures](#).

The Review will usually be carried out by the lead practitioner, who should invite or seek the views of the child, parents and any service providers. The responsible team will administer all TAC Reviews.

The Review will generally take place within a meeting, unless the manager agrees otherwise. The lead practitioner will usually chair the meeting.

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

All decisions made should be recorded on the child's electronic record, together with reasons, and dated.

A copy of the record should be sent to the child (if old enough), parent and all other participants in the Review process.

The outcome of a Review will be:

1. That the child no longer requires Targeted Early Help support that requires allocation of a family support worker or youth support worker, which will result in a recommendation to the team manager that the case be closed although the child may continue to receive services from a single agency or under a multi-agency plan not involving Targeted Early Help.
2. That the child continues to be supported by Targeted Early Help requiring the same level of services, resulting in the continuing provision of services and minor amendment, as necessary, of the TAC Plan.
3. That the child's needs are not being met and may require specialist support, resulting in the need for a Multi-Agency Referral Form to be completed.

Where the outcome of the Review is an amendment to the TAC Plan, the lead practitioner should circulate a copy of the amended Plan to the child, parents, and other agencies/professionals involved in providing the services set out in the amended Plan, including any new services to be provided.

8. Process for case closures

Where it is deemed there is no longer a role for Targeted Early Help, where appropriate, a multi-agency TAC meeting will be held to confirm the agreement for recommendation for closure.

If in agreement Team Manager oversight is to be recorded on the child's record outlining the clear rationale for closure including the outcomes that have been achieved.

If closure is not agreed the Team Manager will clearly record actions to be completed prior to agreement.

9. Process for Stepping Down to a partner agency to act as Lead Practitioner

Where a child and their family is no longer assessed as requiring Targeted Early Help intervention but that multi-agency support is still needed, there should be an agreement between the manager & Early Help practitioner to step down to a partner agency to act as Lead Practitioner

A closing TAC should be held where it is agreed that there remains a need for multi-agency support ongoing and a new lead practitioner should be agreed to ensure a smooth transition.

Three monthly reviews should continue until the point of closure where it is identified that multi agency support is no longer required.

10. Child Supported within Targeted Early Help Moving to Another Authority - Principles

This section deals with children who are subject to TAC Plans and who move to another Local Authority. The principles apply to Local Authorities in the circumstances of both transferring out and receiving in children who required Targeted Early Help support.

In a number of situations, children and their families moving to another Local Authority offers a positive option. However, and particularly where children and their families may have moved on more than one occasion in a short space of time, any assessment should consider whether the child is subject to trafficking or modern slavery. (See [Assessments Procedure](#).)

- When a child supported under Targeted Early Help moves from one Local Authority area to another, the Children Act 1989 is clear that the responsibility for safeguarding and promoting the welfare of the child lies with the Local Authority where the child is to be found.
- Given the child has already been identified as having particular needs or is vulnerable in some way, or consideration / assessment should be given as to the impact of the move for the child in respect of their vulnerability, for example, through changes in the protective factors, increased risk with known perpetrators or whether they might be subject to trafficking or modern slavery.
- Given the circumstances, and in line with the above, a timely response should be made with regard to levels of assessed risk.
- The parent/carer should be made aware of their responsibility to ensure the child receives appropriate education and health support in the area they plan to move to, together with any other specialist service required for the child.

- The lead practitioner should assist and promote the family accessing relevant and appropriate services with regard to meeting the child's needs.
- Should the family still require ongoing Targeted Early Help intervention then the lead practitioner, with consent from the family, should complete a referral form to the Local Authority area which the family are moving to.
- Parent / carer's permission should be sought to share this information with the receiving Local Authority in line with [Information Sharing Advice for Safeguarding Practitioners](#).

However, the Data Protection Act should never be a barrier to 'sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm' or indeed on those occasions where seeking consent might increase the risk of harm.

- The lead practitioner should ensure that other agencies involved in the TAC Plan are made aware and prepared to ensure that their relevant information is shared as soon as possible with their respective counterparts in the area the family have moved to, (for example school and GP records, etc.).
- The lead practitioner and team managers of the respective authorities should ensure there is clear and good communication during any transition and any risks are clearly communicated and understood.
- All actions, decisions and arrangements should be fully recorded on the child's case record during this process. This should include management decisions, which should identify the rationale for any decisions made, especially where specific services cannot be provided and/or it is considered the child no longer requires Targeted Early Help Intervention.