

Practitioners Guidance Manual

Westminster Family Hubs



Introduction

The following is intended as a guide for all practitioners across the children and families workforce in Westminster, to the integrated working processes for Family Hubs. It supports the Family Hubs training you will have attended or registered to attend.

This is informed by our Early Help strategy From Surviving to Thriving - IT STARTS WITH US 2019 – 2022

The guidance was developed by Amalia Bouch and Catherine Drake Wilkes based on input from the south locality, and also incorporates feedback from all three Westminster Family Hub Integrated Leadership Teams.





Background – Early Help in Westminster

Westminster has an Early Help Partnership which includes health and voluntary sector organisations as well as the Early Help Service of Westminster Children’s Services. Together, the partnership formulated the following joint mission statement and vision:

Mission Statement

Early Help is a community of services supporting families to build resilience and transform their children’s lives.

Our Vision

Every child and family is happy and healthy and has the opportunity to achieve in a cohesive (connected) community.

The Early Intervention Foundation’s definition of Early Intervention and Early Help includes:

“Early intervention involves identifying children and families that may be at risk of running into difficulties and providing timely and effective support.

We want every family to develop an intergenerational cycle of positive parenting, relationships and behaviour.

Early intervention is about enhancing the capabilities of every parent to provide a supportive and enriching environment for their children to grow up in. Then the next generation has the best chance to flourish with the skills to engage in positive parenting themselves.

Its purpose is to improve the life chances of children and families and benefit society at large, whilst being cost-effective.”

Our Outcomes

Early Help aims to achieve outcomes for children and families in the following five areas:

- Keeping children safe from harm;
- Enabling more children to live within their families;
- Healthy children who enjoy and achieve;
- Prevention of crime and serious youth violence (or safer risk taking amongst children and young people).



Approaches to working together

a. A Collaborative Approach to Early Help – the framework

We are designing a new framework for Early Help, which is one of networked collaboration, in which we reduce duplication and maximise the use of all partner resources across local areas. How we work together in an integrated framework is central to our strategy and will involve an agreed way of working. This framework is gradually evolving and when complete will consist of all of the following:

- An Early Help Partnership Board currently meets quarterly.
- Three Family Hubs. We aim to have 3 fully functioning Family Hubs by March 2022, each located in an area of significant need. The first one opened in Pimlico in September 2018 and integrated leadership teams have begun meeting in the Church Street and Queens Park areas. These will be an integral part of our Early Help strategy and system. For us Family Hubs are primarily about the coming together of providers across a neighbourhood who share a single approach to working with families and their children 0-19 years.
- A local Early Help partnership around each family hub consisting of organisations in a given geographical area who commit to developing a shared approach through joint sharing of information, assessments, meeting processes and importantly their resources.
- A new integrated pre-birth to five pathway is being developed across the bi-borough.
- A shared operating framework that starts with a universal assessment of need completed by health, education or voluntary sector services working with the family within a whole family approach. This will utilise the team around the family / child / worker and the role of the Lead Professional.
- The Local Authority's Early Help team focuses on families with more complex needs and has been renamed the Targeted Early Help team to reflect the fact that all agencies offer early help. This team provides intensive casework.
- We will be working closely with the new Youth Hubs, Health & Well-being Hubs and Mental Health Hubs.

b. A Strengths-Based Approach to Early Help

With the growing focus on working together with the whole family to achieve better outcomes, there is increasing interest in identifying and building on the strengths and capacities of those supported by services, as a means to help them resolve problems and deliver their own solutions. Strengths-based approaches concentrate on the inherent strengths of individuals, families, groups and organisations, deploying personal strengths to aid recovery and empowerment. In essence, to focus on health and well-being is to embrace an asset-based approach where the goal is to promote the positive.

Key points

- Strengths-based approaches value the capacity, skills, knowledge, connections and potential in individuals and communities.
- Focusing on strengths does not mean ignoring challenges, or spinning struggles into strengths.
- Practitioners working in this way have to work in collaboration - helping people to do things for themselves. In this way, people can become co-producers of support, not passive consumers of support.

Our strategy

Where we want to be in 2022 – our shared ambition for EARLY HELP in Westminster

Our ambition is to collectively achieve the very best outcomes for children and their families by using our joint resources as efficiently as possible to equip our combined workforce to deliver outstanding relational and compassionate services, which are based on what we know works.

We believe that Early Help is a 'system' rather than one service – a community of services that is a way of working – and we want to develop and invest in this system to achieve the very best for our children in Westminster.

Early Help partners have made pledges as to what their organisation is doing to achieve our joint priorities.

What are Family Hubs?

- A more integrated workforce: A 'virtual' network of providers working with children 0 – 19 years, who share a single approach to working with families across a given area. Bringing together early intervention work delivered by the wide spectrum of early help services – the offer from Children's Services, Health Visiting, School Health, CAMHS as well as housing, maternity services and local voluntary service providers.
- A physical building: Using existing children's centre hub sites and sourcing new locations to provide the opportunity to bring families into a physical building – a focal point in the community where they can access help and information. The centre will also provide a space to co-ordinate a range of services which will be delivered at venues across the locality.

Family Hub Digital System

Because the different organisations making up the Family Hub use different recording systems, a way was needed for practitioners to be able to check whether a family already have a lead professional, and to have sight of the shared plan for families with whom they are working. A tailor made digital system has been developed for this, and is now live. It allows families to be able to log in and see their plan and their upcoming meetings, and practitioners to be able to register families, create plans and contact lead professionals, avoiding duplication and the risk of different plans being developed at the same time by different organisations.

You can contact the Family Hub in your locality to get an account and all the necessary guidance included recorded webinar.

Core services based at the HUB

Family

Social Work team

Children's centre

Health Visiting team

Midwifery & Antenatal support

School Nurses

Child & Adolescent
Mental Health Services

Early Help teams

Nursery

Parenting classes

ESOL

Parent group SEND

Shelter housing advisors

Post natal therapeutic groups

Butterfly DV project

Birth registrations

Sexual health (from Jan 19)

Counselling IAPT

Sexual health

Employment advice

← GPs

← Schools

← Voluntary
Sector Services

Workforce training and professional development

A programme of free training is on offer for all practitioners working with families in Westminster. Details of how to book are on the professionals section of the Family Information Service website. Specifically for Family Hub working there is a three day training covering an overview of Family Hubs; supporting individuals and families towards independence, self-reliance and employment; skills to complete family and individual assessments, tools and planning; effective engagement and communication. This is supplemented by a one day introduction to Motivational Interviewing, and a one day Introduction to Systemic Practice.

There is currently an external training provider delivering most of this, but members of staff from the various organisations involved in Family Hubs have attended a Train the Trainer course to give us opportunities to provide this on an ongoing basis across universal services.

Those who have received this training are then able to access monthly reflective practice group at the Family Hubs, and periodic embedding workshops with the trainers to ensure that skills learned continue to be developed.

Details of how to access training in the resources section below.

Intended benefits of creating a Family Plan

For the child/young person and family:

- Effective, early identification of needs.
- Access to multi-agency support without the need for numerous referrals and processes.
- Full participation, shared decisions and transparency.

For practitioners and services:

- A shared, accessible process offering a single structure and approach to planning how to meet needs and reviewing progress using an EHAP
- A common structure to record and share information amongst practitioners which reduces duplication and makes it easier to spot warning signs in terms of safeguarding.
- Team Around the Family (TAF) meetings ensure a balance of input and ownership between professionals, the child/young person and their family.
- Working together in this way ensures services gain a better understanding of each other's remit and capacity -enabling better collaboration in future.

When to create a family plan?

A Family Plan is used when needs cannot be met by a single service area or by universal services (those working at Level 1 of the Thresholds of Need) and where a multi-agency or targeted approach is necessary. Refer to diagram on page 9.

For organisations that employ professionals from different services/sectors e.g. from the NHS, Social Care, mental health, education etc – engaging the expertise of these professionals to support a child/ young person and their family is an example of multi-agency and targeted support even though they may all work for the same school or organisation.

Situations that might lead practitioners to consider a plan may include the following, but these are only examples and the list is not exhaustive:

- The family home is severely over-crowded and/or in significant disrepair
- Family struggling to deal with major life change such as divorce or bereavement.
- Child is missing developmental milestones or making slower progress than expected
- Child/young person is presenting either aggressive or withdrawn behaviour
- Family is dealing with physical or mental illness or disability of any family member
- There are difficulties with parenting within the family
- There is strain or conflict within the parental relationship
- Family is struggling with finances and/or debt
- Child or young person is persistently being bullied or becoming the bully
- Family suffering harassment or nuisance from neighbours or community members
- Family is at risk of becoming homeless
- There appear to be signs of persistent low level neglect
- A practitioner observes a significant change or worrying feature in a child/young person's appearance, demeanour or behaviour.
- There are concerns about school attendance (below the threshold for Targeted Early Help)

Note that families are often dealing with a number of these types of situations at the same time

Please see the links in the resources section to creating a family plan on the eFamily Hub system.

Who can start the process and who uses a Family Plan?

This can be any professional or volunteer within statutory or voluntary sector organisations who has identified a family need, provided that there is consent from the family. This includes universal services. Family members may also approach the family hub themselves and ask for support. Some families will have been referred for social work or Targeted Early Help support but it has been agreed that their needs could be met by the Family Hub and so the access team will share details of the referral.

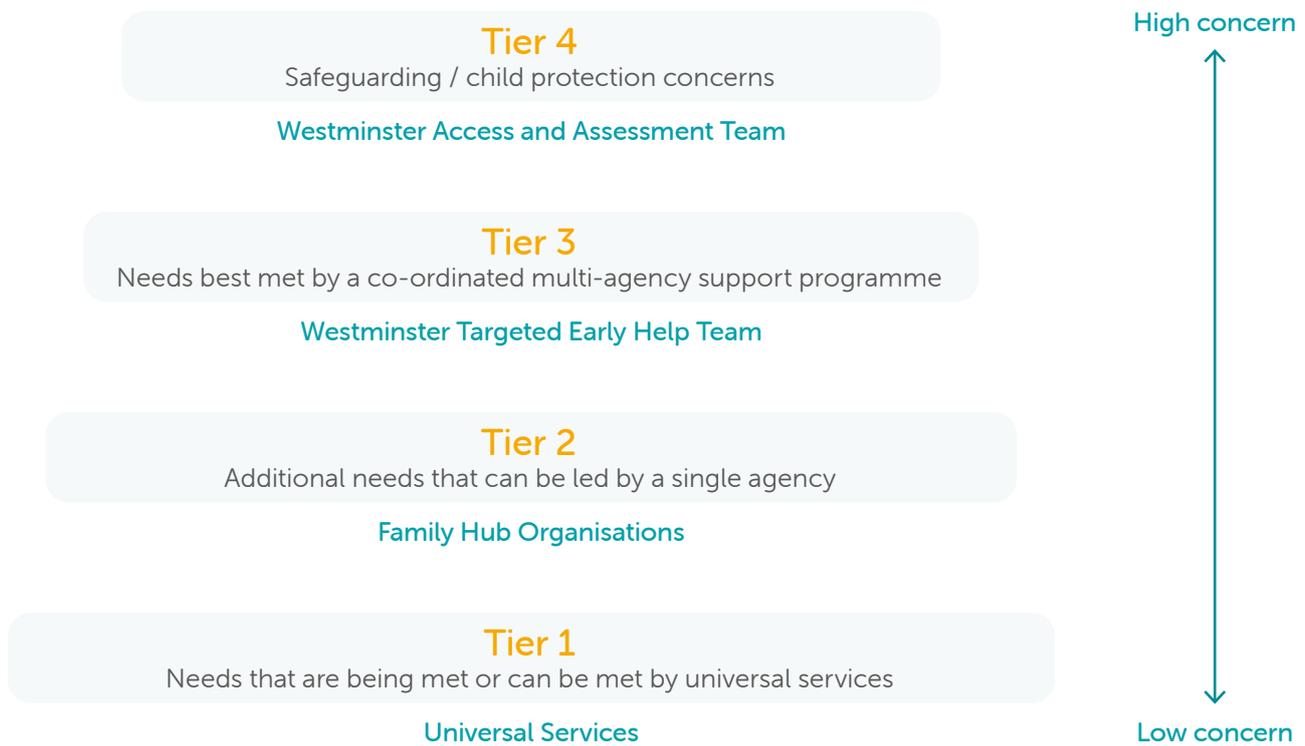
Social work and Targeted Early Help teams do not use the Family Plan, but have processes based on similar models. If a family needs to be stepped up to these services due to a change in their circumstances or change not being achieved it will be helpful to share the plan as part of the referral to give the Children's Services professional a greater understanding of the background of the case, everybody involved so far and what support has already been delivered or attempted.

Levels of Need

Whilst thresholds are important, and act as a guide to what each part of the service undertakes, the emphasis needs to be on the change that we can enable families to make to create a positive impact on their children rather than meeting a threshold. Therefore, there may be times when it is more important to continue the work with a known practitioner rather than 'step up' to another professional. Such decisions should be taken collectively by the Team Around the Family, with practitioners consulting with managers and safeguarding leads within their service as and when appropriate.



Thresholds and services – when to refer



Thresholds and services – how to refer



Agreement and information sharing

It is important to remember that the support offered and Family Plans developed at an Early Help threshold can only be with the family's agreement, and that they have the right to decline our services. Only if there is a significant safeguarding concern should families be referred to the Access Team without their consent. If this step is taken, the reasons for it should be explained to the family, unless doing so would put anyone involved at more risk.

An Information Sharing Agreement has been developed for the South Locality Family Hub between the local authority, health trusts and voluntary sector partners who form its Integrated Leadership Team (ILT). Equivalent agreements will be put in place for the other two localities. This is to reduce the need for families to have to keep giving their information to register for different services, and to allow the ILT to have oversight of the work undertaken by the hub as a whole and how services can be extended to those families known to be in need.

The Family Hub Registration Form explains to families the organisations with which their information may be shared. It is important to ensure that they have understood this when giving their agreement. If they do not agree, the Family Hub will of course still offer them support, but they may have to keep repeating their information if we are not able to store it. Leaflets are available for families to explain who to contact if they change their mind about our having their information.

The wording on the form is as follows:

The information you have provided to us in this form will only be used by Bessborough Family Hub which is a number of organisations working more closely together, as one team, to support families

in Westminster and to see if we can improve the services we offer to you. This should mean that you get more joined-up help when you need it, without having to keep giving your details each time you see someone new. At the same time we will make sure that only people who need to know details about your family can see them. Your information will only be used for the intended purpose and with your agreement shared with the following agencies:

Cardinal Hume Centre Central London
Community Healthcare NHS Trust Health Visiting

Central and North West London NHS Foundation
Trust School Nursing

Family Lives St Vincent's Family Project
Westminster Children's Services

We will not collect any additional information about you without your agreement. If we intend to use your information for any other purpose, we will normally ask you first. In some cases, the Council may use your information for another purpose if it has a legal duty to do so, to provide a complete service to you, or if there is a risk of serious harm or threat to life. The Council will retain your information in accordance with our retention schedule and it will be held securely.

If you have any questions regarding your Data Protection rights, such as accessing your personal information, etc. or if you have a concern over the handling of your information. You can email the Council's Information Management Team: dataprotection@wesminster.gov.uk

Please also ensure to notify us immediately if there are any changes in your circumstances and personal details in order for us to maintain an accurate and up to date record of your information. You can do so by contacting the Bessborough Family Hub on 02076415676.

When setting up a Team Around the Family and making referrals, relevant information will of course need to be shared with other organisations, with the family's agreement. It is of course good practice to keep explaining who we discuss their situation with and why, as their circumstances change over time. In cases where a family do not want particular people or organisations to know certain pieces of information, it is the responsibility of the lead professional to record this and ensure that their wishes are respected, unless safeguarding concerns over-ride this.

It may be that over time the family's position may change.

In some circumstances there may be information about a young person in the family that he or she does not wish to be shared with parents. Provided a professional judges that they are competent to make this decision their wishes need to be respected.

Links to further information are provided in the resources section below.

Family Hub Panel meetings

Each locality holds a monthly Family Hub Panel meeting attended by representatives of the wider Early Help Partnership in that area. This is a chance for practitioners to present the cases of families needing more support than their own agency can arrange, or where issues have not resolved and things feel 'stuck'. At the meeting information will be shared by anyone else working with the family, offers of services will be made and a lead professional appointed.

The referrer should attend the meeting either in person or via Skype in order to explain the family's situation and the work that has taken place to that point. Families must consent to being discussed at panel meetings. However if a professional has a concern about a family who do not consent, their situation can be discussed anonymously in order for the panel to offer advice. Referrals to the panel are simply made by contacting the chair – details in the resources section below.

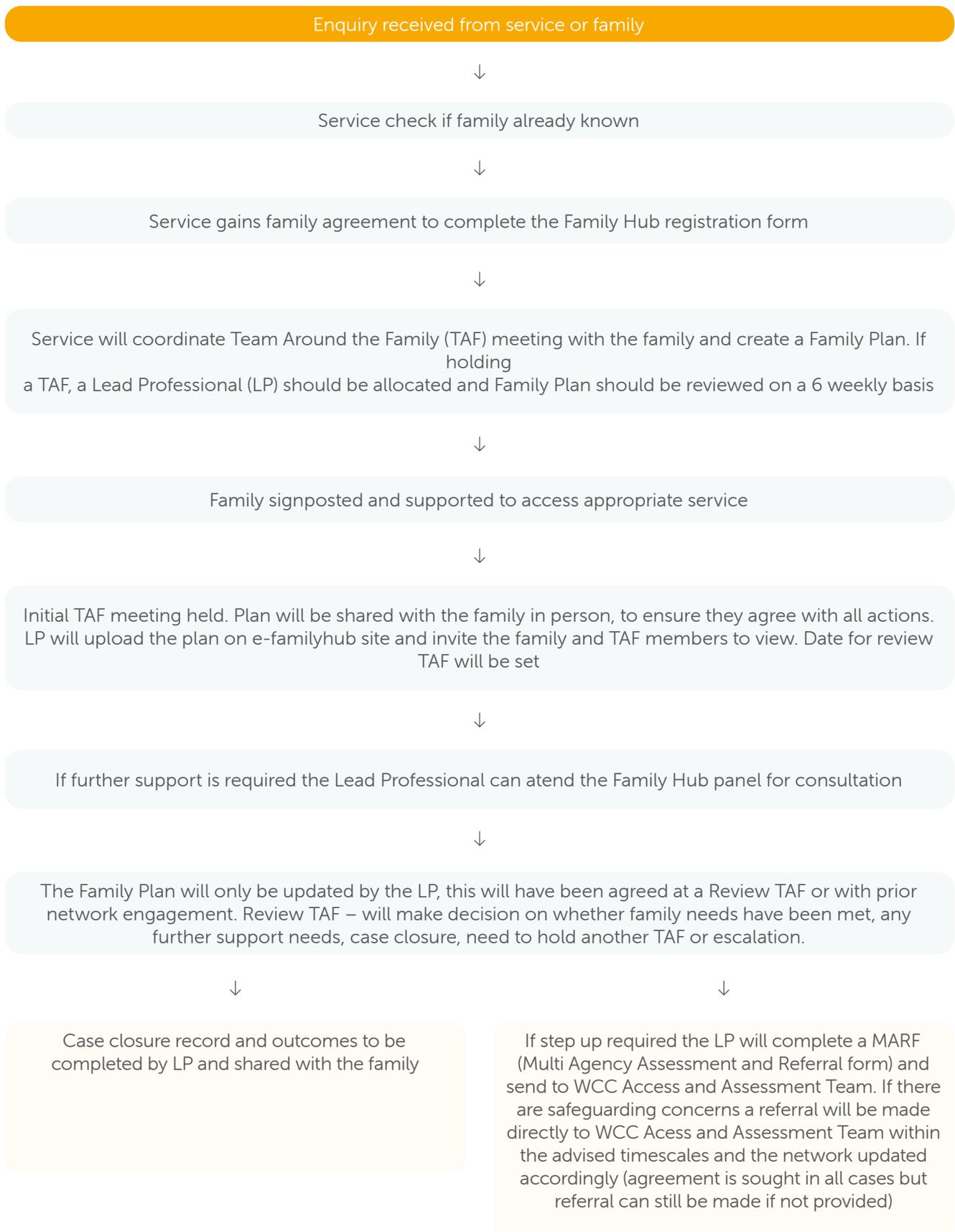


Examples of underlying issues and multi-agency/ targeted support

Family situation	Possible issues family may be dealing with	Possible questions and actions to consider	Potential services to consider
<p>Family living in severely overcrowded accommodation</p>	<ul style="list-style-type: none"> • Parents may be struggling and as a consequence not giving the child the attention, stimulation, support etc they need • Parents may be at risk of relationship difficulties • Child's sleep pattern, stress levels and ability to do their homework may be affected – collectively leading to lower attainment at school • Impact on friendships due to inability to invite people to the family home • Child's behaviour might change due to frustration/ boredom, worry etc which they may be unable to verbalise 	<ul style="list-style-type: none"> • Get in touch with the family's housing provider to understand their chances of better accommodation. • Check the family is getting all the benefits they are entitled to • Ensure schools are aware of home circumstances. • Explore breakfast clubs, after school clubs and activity options 	<ul style="list-style-type: none"> • Shelter • Trailblazer Service • Housing Options • Cardinal Hume Centre • Environmental Health • School – pastoral lead • Westminster Citizen's Advice • JCP • Family Information Service • Building Stronger Relationships
<p>Family living with debt</p>	<ul style="list-style-type: none"> • Stress leading to relationship breakdown • Isolation and reduced socialising due to restricted budget • Risk of homelessness • Problems heating the home and providing adequate winter clothing • Problems affording sufficient healthy food for all family members 	<ul style="list-style-type: none"> • Is the family getting all the benefits they are entitled to? • Get a debt management adviser to work with them • Is their housing affected? • Can their energy supplier offer a low income tariff? • Are the children eating regular meals? • Are there any free activities the children can participate in? • Can any charities or community groups provide free goods or grants? 	<ul style="list-style-type: none"> • Westminster Citizen's Advice • Cardinal Hume Centre • Food Bank • JCP • School – pastoral lead • Trailblazer Service/ Shelter • Turn2Us • Little Village • Building Stronger Relationships

Family situation	Possible issues family may be dealing with	Possible questions and actions to consider	Potential services to consider
<p>Child with serious illness, health condition or disability</p>	<ul style="list-style-type: none"> • Impact on school attendance leading to underachieving • Parents' work and earning potential may be affected leading to money problems • Sense of isolation, feeling left behind, depression • Reduced socialising affecting friendships and inclusion • Struggling to access support and/or get to multiple health appointments • Difficulties accepting or coming to terms with a diagnosis • Siblings may be acting as young carers 	<ul style="list-style-type: none"> • Is the Short Breaks team aware of the family? • Do the family need to claim DLA, carer's allowance etc.? • Is the school SENCO/ Inclusion working with the child already? • What measures have been put in place by the school nurse or health visitor? • Are there any support groups specific to the condition the child has? • Is the child's nursery/ school accessing inclusion support? 	<ul style="list-style-type: none"> • Local Offer website • Short Breaks • School – pastoral care/SENCO/ • School nurse • GP/health visitor • Make it Happen • Befriending services
<p>A parent or carer has mental health issues</p>	<ul style="list-style-type: none"> • Parents may struggle to meet children's needs at times • Child at risk of becoming a young carer • Child may develop behaviour problems due to inability to understand • Child may be worried/ fearful for their parent's health or of being taken away from the parent • Child may find socialising and integration difficult. Stigma and potential for being a victim of bullying • Impact on employability and income • Impact on school attendance 	<ul style="list-style-type: none"> • Is the child at any risk? • Has the child become a young carer? • Is the school aware and offering support? • What support is being provided by mental health services? • Does the child need emotional support themselves? • Is the family getting all the benefits they are entitled to? 	<ul style="list-style-type: none"> • GP • Mental health team • School – pastoral lead • KidsTime • Family Lives • DreamArts • Adult Social Care • Westminster Citizen's Advice • JCP

Family Hub process workflow



Roles and Responsibilities

a. Professional who identifies the needs and initiates TAF/Family Plan process

This professional should:

- Assess the family needs using their own organisation's processes
- Obtain consent from the family/young person to use Family Hub processes to support them
- Check via the Family Hub digital system (if not possible then with the hub directly) whether there is already a lead professional for the family – if so contact that person.
- To initiate a new Family Plan, complete an About my Family form with the family, asking them to sign to give their consent for their details to be recorded, stored and shared, and enter these details onto the digital system.
- Contact other relevant professionals and collaborate with them to arrange a TAF meeting with the family. It is sufficient to invite a small number of professionals from services appropriate to supporting the immediate presenting needs of the family. When contacting professionals/ services, remind them that a Lead Professional will be appointed at the first TAF meeting. This will help them decide who is best to attend.
- Continue to liaise with the family and offer and information and support they need before the meeting
- If someone else becomes lead professional, transfer this role to them on the digital system.

b. The Lead Professional

Any practitioner can become the Lead Professional – appointed at the first Team Around the Family (TAF) meeting in agreement with the family. The Lead Professional takes responsibility for recording and sharing the Family Plan but carrying out the tasks agreed in the plan is the responsibility of whichever member of the team around the family agreed to do so.

The lead professional should:

- Record the information shared at the first TAF meeting including the agreed action plan.
- Ensure that the family understand and agree to the plan and any referrals indicated.
- Complete these details on the Family Hub digital system and share with the family and TAF members via email invitations
- Agree a date for the next TAF meeting to review progress with the appropriate practitioners and the family
- Carry out any actions they have agreed to as part of the plan
- If new services have become involved, invite them to the next TAF meeting
- Keep in regular contact with the family to check they are receiving the help and support agreed in the action plan. This will help decide the frequency and discussion points for the TAF review meetings - such as any barriers the family have encountered in accessing services.

c. The Family Members

The Family Plan is considered to be owned by the family themselves and should aim to build on their strengths and resilience to reduce the likelihood of them needing statutory services in the future. Family members have the most important roles to play in achieving change.

The family should:

- Ask questions of professionals to ensure the plan is clear to all
- Help decide who is best placed to be lead professional
- Aim to keep in contact with their lead professional, update them about any important changes, and keep appointments whenever possible
- Be as open as possible about their family situation so that an effective plan can be developed
- Have ongoing input as to who the Lead Practitioner will be

TAF Agreement:

We are creating an Early Help system around the family, not one service. We want this to reflect everyone's contributions, develop an awareness of what those contributions will be and agree what different organisations are doing to support our strategy around this family.

We have agreed to share a common set of behaviours in implementing our strategy. These are based on what we believe is vital in getting into the 'window of tolerance' and thriving:

1. Professional and compassionate curiosity: with each other as providers, and children, young people and their families to understand the reason behind behaviours.
2. Being able to connect quickly with individuals: give families the space and time to process what has happened to them without adding shame and guilt. Doing this by use of voice and body language, which is attuned to the needs of the individual.
3. Kindness and compassion: demonstrating kindness and compassion in our interactions with each other and with families and their children, thereby creating safe spaces for people to reflect and make changes.
4. Everyone as a leader: able to respond promptly to family need without referring on.
5. Open and flexible: to new approaches with families.
6. Involving families and young people: in what happens and understanding how they may experience our systems.
7. Challenge: each other on these behaviours in a positive and supportive way.
8. Self-awareness: ensuring that as professionals we operate within the 'window of tolerance' through self-help and using management support.





The TAF process

At the first TAF meeting

- The professional who identified the need and called the meeting leads at first, introducing everyone around the table and confirming the purpose of the meeting. A professional present should volunteer to take notes for the meeting.
- Everyone is invited to share what they feel is working well for the family currently, what they are worried about and what are 'grey areas' where further information is needed. From this, an action plan is developed, with change goals broken down into concrete, practical steps which each have a named person to carry them out and a timescale.
- Given the plan, the most appropriate Lead Professional is chosen in agreement with everyone including the family. This person then takes over responsibility for leading the meeting, writing up and sharing the plan.
- The family must sign to give their consent for their information to be recorded, stored and shared with any other services identified in the action plan. Family to have ongoing input related to who the Lead Practitioner should be.

- If appropriate, a date is agreed for the next TAF meeting to review progress. Alternatively, this may be left to the Lead Professional and the family to agree at a later date. Review TAF meetings should usually be held every six to eight weeks..

At a review TAF meeting

The lead professional chairs the meeting, inviting everyone to update on the currently situation and progress on the actions agreed. If issues have resolved sufficiently that the family can continue themselves with the support of universal services this is recorded and the lead professional will close the Family Plan on the digital system and update everyone involved.

If support is still required, the team discuss the current strengths and issues, framing this in a positive way but being clear about any new concerns that have arisen. An updated plan is agreed with new timescales. A further review meeting is scheduled, either at the meeting or later by the lead professional.



Ten top tips for systemic TAFs

1. I can't be neutral. How can I be the Chair when I am also working with the family?

Obviously you are not neutral as the Chairperson if you are involved in the case in another role. However you can very importantly take a stance which appreciates all people in the meeting. By doing this you enact the fact that there is not one truth, but multiple truths. You can have your view of course, but you make it very clear that you are very interested in the other person's.

2. If family is late to the meeting... what might I do?

Do you talk about last night's TV with the other professionals?

Well no, perhaps not too much! You might use the opportunity to reflect on their relationships with the family. You might direct them towards reflecting on the experience of the family coming to the meeting. One way to do this is to invite them thinking about where the different members of the family might like to sit.

E.g. "How can we organise the seating so that everyone feels comfortable and respected?"

"Who do we think X might like to sit next to... who does he feel most comfortable with?"

Similarly, you might invite some thinking about the most criticised member amongst those who are there.

"Where do we think Y might like to be? Who would he like to keep an eye on?"

Of course the professionals may not be "right" about where the members of the family want to sit, but thinking out loud, together, about the experience that the family might have coming into the room is a way of engaging the professionals to think together about their various thoughts and assumptions about their relationships with the family, and to hear each other's experience.

3. Who do I invite?

- Initially consider who wants to have a conversation with whom about what?
- Who is connected or affected or concerned?
- Who has resources to offer?

Everyone who makes the problem live and breathe....not just the bits you feel comfortable with, or that you know will come. Invite the others as well....absent Dad, estranged Grandparents.

Work with whoever comes. What do we do about the absent ones?

Think out loud in the meeting...wondering what they might have said if they were there? Invite people to say what they assume the absent people would feel/say.

(This keeps the absent people in mind and demonstrates that you as Chair can keep people in mind... this is important because we begin to model that it can be done.)

4. How do I invite?

Make a connection with people and frame the invitation in terms of the contribution they will make. It will be valued!

5. Pre-TAF:

Could partly be structured around questions like:

"By the end of this meeting what would you like to have achieved?"

"Imagine the end of the meeting ... It has been a very satisfying meeting. What would like to have been sorted out?"

"Where would you like to sit?"

Or if a member of the family will not be there, "Where would s/he like to sit?"

6. The initial bit where people all have to go round and introduce themselves at the beginning feels really dead, and I can see that people are anxious and getting more so as it gets closer to their turn. How can I help them feel connected up with and safer?

There is lots to think about here,.... but one tip might be to consider not going round in turn....as it may be that people feel that by initially formally only identifying themselves with their area of expertise and role.(e.g. Psychiatrist, Senco, Mother) that this serves to highlight the differences, but not sufficiently the links between them. You might use yourself in your role as Chair to very actively highlight the links between the family and the professionals....eg as people introduce each other, you might actively link the introductions by a theme like how long they have known each

other "So who has known each other longest here?" You can actively make links out loud, "So you've known each other for years, as so many of the children in the family have gone to the school". This initial task of very informally ordering how long they have known each other, with you very actively conducting things, gets the meeting to implicitly think about their similarities and differences in relationship to each other and to work collaboratively as a group. Also as you ask the questions the introductions will not be in a circle but will emerge dependant on how long they have known each other.

You might ask, "Who else knows each other?" Where would X (someone who isn't there) like to sit?

7. If X and Y are in the meeting together there will just be a row! What should I do?

One thing you can do is to let them row....let them get deregulated. However, then you can help take the heat out of the exchange by inviting reflection on the exchange and distracting them. E.g. you could say, "Is it like this at home?" As they consider this they are using their higher cognitive functions... they are beginning to reflect. You can also ask other people from the family if this way of behaving is familiar? You can ask them how much worse is it at home, on a scale of 1 to 10? Then you can get into when does it tend to happen? What happens before this? Then you are able to think with them about the preconditions, the provocations and the assumptions which both may be holding about the other.

8. If a discussion gets over-heated?

A lead professional may need to say things like, "We will have to take it in turns", or "It is very difficult for us to think if you're all shouting." Also if you are anticipating that people might get roused up in the meeting, you might want to ask the group's permission at the beginning to be able to keep something on hold....to "park" things.

9. What can I do if people get over-whelmed?

This might be demonstrated by their behaviour. If you work with members of the family before the meeting, you might set up in advance a plan to take time out if needed, or signals which you would understand to mean that a certain topic is too much at that point.

10. If people leave need to leave early?

When they tell you, let them know that you value their contribution and will make sure it is heard. Always model keeping connections going and build the network's resources...e.g. ask the person who is leaving to make a connection with someone who is staying the whole time and see if they can catch up with them after the meeting to find out what happened.



Developing a good Family Plan

The plan is developed at the first Team Around the Family (TAF) meeting and recorded by the Lead Professional. Most people find it easiest to do this in note form at the meeting and formulate it in full soon afterwards.

The family attend the meeting to discuss the support they need and it is important to remember that it is their plan. It is important to consider the perspectives of all family members including those who are not present. Older children may often not wish to attend a meeting, so professionals working with them may need to consider other ways of ensuring their voice is heard, such as a separate one to one meeting beforehand, or writing down their views.

The team around the family will also need to consider any other barriers to full participation, whether these are linked to disability, language, understanding, culture or any other factors. The professional who knows the family best initially should spend some time before the meeting discussing with them the reasons for it and what they want to get out of it.

The discussion at the meeting should take a strengths-based approach, asking everyone what is currently working well in the family, what their resources and achievements are, before moving on to clearly state what the various participants are worried about, and what the areas are where people are not clear and further information needs to be pursued.

The process must remain transparent at all times. It is important that everyone involved is honest and open and that the discussion and decisions are clear to all. Language used should be non-judgemental both in the discussion and the written record. Everyone will be invited to share how worried they feel about the current situation.

When it comes to the plan itself, it is important that it is clearly written, and broken down into specific achievable steps. Avoid general aspirations to improve things, and state exactly what actions need to be taken, by whom and when. There should be actions for the family as well as for the professionals involved. Everyone will be asked how confident they feel about being able to use the plan to improve things for the family. See the example plans in the next section.

The lead professional should make sure that the plan addresses all the areas of concern raised by those at the meeting based on their individual assessments or knowledge of the family situation. It may be that some actions are scheduled for later dates once more immediate concerns have been addressed.

The plan will be reviewed at the next TAF meeting in six to eight weeks, as to which actions have been completed, which may need to be adjusted and any new developments that have arisen. The lead professional will record this discussion and the updated plan.

Frequently Asked Questions

Q1. Which families should have a family plan?

Those whose needs are broader than those that can be co-ordinated by a single service or agency but who would not meet the threshold for Targeted Early Help. Children in these families are considered to be at risk of not achieving their full potential without a coordinated multi-agency approach to address their needs.

Q2. Who should initiate a Family Plan?

Any professional working with a family can do so. It is expected that the majority of plans will eventually be initiated by practitioners from universal services, i.e. early years and childcare settings, schools and health services. Practitioners from these services are best equipped to identify possible needs in their early stages. They have regular contact with the child/young person and their family and can identify whether multi-agency support is needed. They will also have some understanding of which practitioners and services to invite to the first Team Around the Family (TAF) meeting. They may have a good relationship with the child/young person and their family and be in a position to introduce the Family Hub processes to them.

Q3. Who is most likely to be the Lead Professional?

Any practitioner can become the Lead Professional – appointed at the first Team Around the Family (TAF) meeting in agreement with the family. If appropriate, the professional who identified the needs can take on the role of Lead Professional, but is not obliged to do so. The Lead Professional keeps in close contact with the family throughout the time that the Family Plan is open, so is often the person the family is most comfortable with or a practitioner who the family are confident can move things forward for them.

Q4. What if a Family Plan already exists for a child/young person's sibling(s)? Will I need to start a new one for the child/young person I am working with?

No, each plan should address the needs of the whole family. If a plan exists for a sibling, contact the Lead Professional to explain your involvement and concerns.

Q5. Do I need parental consent to initiate a plan for a child/young person?

For a child under 12, parental consent must be obtained. For a young person between the ages of 12 and 16, a judgement about the need for parental consent should be made according to their needs and to their understanding of what they are agreeing to. However, it is good practice to encourage the young person to involve their parents/carers in the process if at all possible - for a whole family approach to dealing with their needs.

Q6. Does the family have to be present at each Team Around the Family (TAF) meeting?

The process is designed to include full participation of the child/young person and their family throughout each stage. Therefore, the family should be present at each TAF meeting. In some circumstances when a family does not attend an arranged meeting, professionals may decide to meet to update each other, but updates to the family plan need to be made with the participation and consent of the family.

Q7. Can a Family Hub Panel meeting replace a Team Around the Family (TAF) meeting?

A panel meeting cannot replace a TAF meeting, as the family is not present. However, panel meetings can be used to jointly decide whether a Family Plan and TAF is needed, or to ensure multi-agency awareness of support already being implemented via a Family Plan for a specific child/young person.

Q8. What happens if the family changes their mind about proceeding with a Family Plan after one has been initiated?

A family can withdraw from the process at any time. The plan is then closed by the lead professional with the reason noted on the digital system. If there are now child protection concerns the plan will still be closed but the case will be referred to the Access Team via a MAARF (Multi-Agency Assessment & Referral Form) for assessment with the possibility of Level 4 statutory services involvement.

Q9. What happens if I believe the Family Plan process would be helpful for a child/young person but the family does not consent to it?

Ensure you have explained the process and its benefits. If they still do not want to engage with the process – they are within their rights to refuse as the process is voluntary. However, if you are still concerned about the welfare of the child/young person you can discuss the case anonymously at the next Family Hub panel. If your concerns are more urgent, you can contact the Access Team for advice. They may have had calls from other professionals relating to the same family and can make an informed decision about how to take things forward to ensure a vulnerable child/young person is not overlooked.

Q10. If I initiate a TAF for a child/ young person, does that automatically make me the Lead Professional?

No, you can initiate a TAF for a family without taking on the Lead Professional role. The Lead Professional is appointed at the first Team Around the Family (TAF) meeting. You may volunteer to be considered for the role of Lead Professional or the family may request that you take on the role – but you are not obliged to do so.

Q11. What can I do if I find it difficult to get the right people around the table for the first TAF meeting?

Contact the Family Hub who will support you in making contact with the right people at the required services.

Q12. How can I ensure that a practitioner attending the first Team Around the Family (TAF) meeting will be prepared to take on the role of Lead Professional?

If you call the meeting, you should make practitioners/services invited to the first TAF meeting aware that a Lead Professional will be appointed during the meeting. This enables the service in question to make an informed decision about who is best placed to attend.

Q13. What happens if I take on the Lead Professional role and then circumstances change?

Advise practitioners/services planning to attend the next Team Around the Family (TAF) review meeting of your intention to withdraw from the role. Make the family aware and advise them that you will hand over to an agreed practitioner (chosen with their input) at the next TAF review meeting. If at all possible you should attend the review meeting to support the appointment of a suitable replacement and as a courtesy to the family.

Q14. What if I have concerns about information sharing, given my own organisation's policies?

The Family Plan should only be copied to those services identified in the action plan, where consent has been obtained from the family. The plan is also copied to the family for transparency. This is a limited and consent-based level of information sharing. Therefore it is unlikely to contradict your own information sharing policy. There will be a specific information sharing agreement for those agencies who are part of the Family Hub's Integrated Leadership Team. Your service will at all times be responsible for information security for any files or paperwork held outside of the digital system. If you have any concerns, contact the Information Governance lead in your organisation.

Q15. What if I have concerns about a child who attends childcare or a school in Westminster but lives in another borough?

Services would need to be co-ordinated by the borough where the child's family reside. You could contact the Family Information Service for that borough for further information. However you are welcome to contact your nearest Family Hub for advice.

Reporting and quality assurance

The digital system for family plans will allow managers from the Integrated Leadership Team to have oversight of how many plans are being developed, how often TAF meetings are being held, who is taking on lead professional roles etc. There will also be reporting capability on demographic information about the families registered. This will assist them to identify any further training or support needs so that families are receiving the highest quality services. Management information from the Family Hubs will be reported to the Early Help Partnership Board.

Resources – advice, support and further information

How to make referrals to social work and Targeted Early Help

fisd.westminster.gov.uk/kb5/westminster/fis/ehat.page

Local Children's Safeguarding Board

rbkc.gov.uk/lscb/

Family Information Service and Local Offer

fisd.westminster.gov.uk/kb5/westminster/fis/home.page

NHS Birth to Five Development Tool

nhs.uk/Tools/Pages/birthtofive.aspx

NHS Choices

nhs.uk/Service-Search





North-east Locality Family Hub
020 7641 5435

North-west Locality Family Hub
020 7641 5838

South Locality Family Hub
020 7641 5923

westminster.gov.uk/what-are-childrens-centres-and-family-hubs