|  |
| --- |
| **Team Around the Family (TAF) Plan and Review Record** |
| **Early help support is everyone’s responsibility.**  **Right support at the right time in the right place.** |

Early help is a team effort, not just one service. All agencies that work with children, young people and families are responsible for listening to their concerns and worries. They'll work closely with families to make sure they get the right support at the right time.

Our goal is to strengthen our relationships in communities, where we all work together, combining our ideas with other services to help families in Shropshire.

If you are concerned about a child or would like some advice and support,

call 0345 678 9021.

**Please do not make a request for involvement using the TAF notes, please update the Early Help Assessment (EHA) and complete a Request for intervention.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Team Around the Family (TAF) details:**   EHM/LCS Identification if known? | | | |
| Date of meeting |  | Name and date of birth  of child/young person |  |
| Lead practitioner name  and job role |  | Lead practitioner’s  contact details |  |
| Name, role and contact details of all attendees |  | | |
| 1. **Team Around the Family (TAF) review meeting notes** | | | |
| * These **must** include the views and thoughts of the children/young people and all family members where possible. * Detail any significant events since the last TAF meeting, describe what is working well and what we are worried about.   **It is good practice to update the Early help assessment with any significant changes and events, please clearly identify this by using a different colour or font style with a date.** | | | |
|  | | | |
| What level of need do you as the TAF group feel this family has met according to the Threshold document. [Childrens Threshold Document - FINAL May 21.pdf (procedures.org.uk)](https://westmidlands.procedures.org.uk/assets/clients/6/Shropshire%20Downloads/Childrens%20Threshold%20Document%20-%20FINAL%20May%2021.pdf) | | | |
| Select from list | | | |
|  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Early Help Action Plan – this needs to be completed at your first TAF meeting and updated at each review meeting.**   A completed Early Help Action Plan remains the responsibility of the supporting agency/service to retain, in accordance with their own record keeping procedures. A copy of the plan should be given to all family members that were involved, including children and young people (age and understanding permitting). Please add additional rows below as required. | | | | | | |
| **Date of meeting** | **What is the specific**  **goal/outcome** | **What actions or support is required to achieve the goals/outcomes** | **Who will do this** | **Date this will be reviewed** | **Date action completed** | **Readiness to change.**  **1 - 10** |
| Click to enter a date |  |  |  | Click to enter a date | Click to enter a date |  |
| Click to enter a date |  |  |  | Click to enter a date | Click to enter a date |  |
| Click to enter a date |  |  |  | Click to enter a date | Click to enter a date |  |
| Click or enter a date |  |  |  | Click to enter a date | Click to enter a date |  |
| Click to enter a date |  |  |  | Click to enter a date | Click to enter a date |  |
| **Details of the next TAF meeting** | **Date:** Click to enter a date | **Time:** | **Venue:** | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **– Please tick all presenting needs identified through this review meeting** | | | | | | | |
| Not registered with a GP |  | Not registered with a dentist |  | Missed health appointments |  | Immunisation not up to date |  |
| Child not a healthy weight |  | Adult not a healthy weight |  | Concerns for a child’s development |  | Adult needs support with physical health |  |
| Child needs support with mental/emotional health issues |  | Adult needs support with mental/emotional health issues |  | Physical health need not met |  | Families effected by Domestic abuse |  |
| Child has SEN and or Disability |  | Adult has a Disability and or care support needs |  | Open EHCP |  | Parents effected by parental conflict |  |
| Child with substance/alcohol misuse |  | Adult with substance/alcohol misuse |  | There are emerging Child Exploitation (CE) concerns |  | Child goes missing from home |  |
| Child is not on school roll or is missing from education |  | Child not in education, employment, or training (NEET) |  | School/early years low attendance/at risk of exclusion |  | Child in alternative education provision |  |
| Child on a part time timetable |  | Electively Home Educated (EHE) |  | Not accessing Early Year’s entitlements |  | Adult not in employment |  |
| Child at risk of displaying anti-social behaviour/crime |  | Adult involved in anti-social behaviour or crime |  | Child at risk of radicalisation |  | Adult at risk of radicalisation |  |
| Significant adult in prison or recently released from prison |  | Child demonstrates behaviours that challenge. |  | Child demonstrates sexually harmful behaviour |  | Concerns of:  Physical safety  Sexual abuse  Emotional wellbeing  Neglect |  |
| Young person involved in Gangs/serious violence and or carrying weapons. |  | Child experiencing harm outside the home:  Peer to Peer  Online  Bullying  Sexual behaviour |  | Parenting support |  | Young carer |  |
| Family support needed with finances or unmanageable debt. |  | Teenage pregnancy |  | Childrens social care have been involved |  | Housing/rent issues |  |
| Homelessness concern/ temporary accommodation. |  | Family is socially isolated |  | Child not able to participate/engage in education |  | Is a privately fostered child |  |
| Child displays violent behaviour in the home |  |  |  |  |  |  |  |

|  |
| --- |
| 1. **Closing Summary** |
| You should only close the TAF process when all the identified child/young person’s/family’s needs on the Early help action plan have been met. You should close at a TAF meeting by completing this section, if you are not able to do this then complete the below and inform the family and TAF members what action you have taken. You should provide all family members and TAF members with a copy. For storage, you should follow your agencies data storage and retention polices. |
| Why has the EHA/TAF process been closed? You must select at least one option and provide evidence in the comments box. |
| **1.** Select from list |
| Comments/Evidence |
|  |
| **2.** Select from list |
| Comments/Evidence |
|  |
| **3.** Select from list |
| Comments/Evidence |
|  |
| **Who can help us?** |
|  |
| **How have you found this process?** |
|  |
| Briefly explain, referring to the indicators of need tables in the[Childrens Threshold Document - FINAL May 21.pdf (procedures.org.uk)](https://westmidlands.procedures.org.uk/assets/clients/6/Shropshire%20Downloads/Childrens%20Threshold%20Document%20-%20FINAL%20May%2021.pdf) and reason for your judgement |
| Select from list |