**Early Help Case ref:**       **TEAM AROUND THE FAMILY MEETING Date:**

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| --- | --- | --- | --- | --- |
| **Family Details** | | | | |
| **Details:** | **Child 1:** | **Child 2:** | **Child 3:** | **Child 4:** |
| **Name:** |  |  |  |  |
| **Date of Birth:** |  |  |  |  |
| **Parent/Carer** |  |  |  |  |

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| --- | --- | --- | --- |
| **Lead Professional Details** | | | |
| **Name:** | **Tel no:** | **e-mail:** | **Job title:** |
|  |  |  |  |

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| **TAF attendees** | | | |
| **Agency** | **Name** | **Contact Details** | **Attended? Y/N** |
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| **Tips*:*** *Attendees to include family members. If parents do not attend, the meeting will be cancelled or renamed a ‘multi-agency meeting’. This will be when professionals have concerns and/or step up to social care needs to be discussed. (Note: Concerns/step up can be discussed at any stage and not just in this meeting)*  *Older children can attend TAF meetings. To be considered case by case (dependent on child’s maturity and nature of the discussion). An advocate may be appropriate.* |  |  |  |

**Tip:** *Review the Assessment and Scaling Question on Part B with all TAF members in the* ***first meeting*** *before starting the plan.*

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| **FAMILY PLAN** | | | | | | | |
| **Impact/Outcome** | | | **Who & When** | **Action** | **Achieved?**  **If not, why not?** | | **Next steps** |
|  | | |  |  | Yes  No  Date: |  |  |
|  | | |  |  | Yes  No  Date: |  |  |
|  | | |  |  | Yes  No  Date: |  |  |
|  | | |  |  | Yes  No  Date: |  |  |
|  | | |  |  | Yes  No  Date: |  |  |
|  | | |  |  | Yes  No  Date: |  |  |
| **Impact/Outcome** | | | **Who & When** | **Action** |  | **Achieved?**  **If not, why not?** | **Next steps** |
|  | | |  |  | Yes  No  Date: |  |  |
|  | | |  |  | Yes  No  Date: |  |  |
|  | | |  |  | Yes  No  Date: |  |  |
|  | | |  |  | Yes  No  Date: |  |  |
| **Think SMART – Specific, Measurable, Achievable, Realistic and Time bound**  **Specific**: clearly state what is to be achieved **Measurable**: how do you know it’s been achieved? **Achievable**: Will agencies and families be able to fulfil the outcome?  **Realistic**: Has it been aimed at the right level for the family? **Timed**: the target will be met within a given period of time, e.g. 2 weeks. | | | | | | | |
| **Top tips:**   * *The plan is a record of needs, actions, and responsibilities. It is a tool for managing risk.* * *Start a new document for each meeting and remove achieved actions. Try not to overwhelm families with huge plans by prioritising the actions.* * *Ensure that the plan addresses the root cause rather than just the symptoms.* * *The plan should support the family to become empowered and help themselves rather than just the professionals doing all the work.* * *If new concerns are discussed in the meeting, revisit the assessment, update it to reflect the concerns and plan accordingly to tackle the concern. Your assessment is a working document.* | | | | | | | |
| **Voice of the family**  Use their own words, pictures and stories. What has made the biggest difference? What could go better? Relate the comments to the things we were worried about. | | | | | | | | |
| **Child’s Views:** | |  | | | | | | |
| **Parent/Carer’s Views:** | |  | | | | | | |
| **Scaling Question:**  From the evidence and assessment, on a scale of 0 – 10 where would you place the safety of this child (ren) (O being unsafe – 10 being safe)  Rationale:   |  | | --- | |  |   **Tip*:*** *This should reviewed at the end of every meeting. Different professionals may have different scores – give reasons. Consider what it will take to move up the scale.*  **Vulnerability score**  Based on the information discussed, please rate the family’s vulnerability:   |  |  | | --- | --- | | *Tick* | | |  | Level 0 – Educational attendance (Legal) | |  | Level 1 – Achieving expected outcomes | |  | Level 2 – Additional needs (single agency) | |  | Level 3 – Multiple needs (Multi agency) | |  | Level 4 – Edge of Care (Seek guidance) | |  | Level 5 – Acute needs including protection/safeguarding – step up to Statutory Services |   X | | | | | | | | |
| **Can the assessment be closed?** | | | | | | | | |
| **Yes**  Reason for closure: |  | | | | | | | |
| **No**  Agreed Review |  | | | | | | | |

*If closing, please complete success rating…*

**Success rating:**

|  |  |
| --- | --- |
| *Tick* | |
|  | 0 – Family did not engage. |
|  | 1 – Step up to Statutory Services |
|  | 2 – Plan or intervention has been undertaken but there has been no impact. |
|  | 3 – Plan or intervention has been undertaken.  Some progress has been made. |
|  | 4 - Plan or intervention has been undertaken.  Most issues have been resolved. Step down to a single agency or universal services. |
|  | 5 – All intervention is completed and the family requires no further support. |

**Information and data exchange:**

* A copy of this document must be given to the family and all professional attendees.
* Watermark copies e.g. family copy, professional copy, school copy etc.
* A copy this document must be submitted to [ChildrensAccessPoint@darlington.gcsx.gov.uk](mailto:ChildrensAccessPoint@darlington.gcsx.gov.uk)
* We no longer accept hand written or PDF plans.