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| **Team Around the Child and Family (TACF)** |

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| **1: CHILDREN’S DETAILS** |
| Child name | DOB/EDD | Address |
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| **2: TEAM AROUND THE CHILD AND FAMILY MEETING DETAILS** |
| **Lead professional name:** |  | **Venue of meeting:** |  |
| **Lead professional agency:** |  | **Contact details:** |  |
| **Date and time of meeting:** |  | **No. of meetings held to date:** | Choose an item. | **Date of last meeting:** | Click or tap to enter a date. |

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| **3: WHO ATTENDED YOUR TEAM AROUND THE CHILD AND FAMILY MEETING?***Please include everyone who has been invited to be part of the meeting, including the child(ren) / young person and family.*  |
| **Name**  | **Child / Parent / Carer/ Family Member / Agency** | **Contact Details** | **Attended / Apologies** | **Report Provided (if applicable) Yes / No**  |
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| **4: Original/latest family plan**Include the plan from the original Early Help Assessment, including any additional actions agreed in the latest Team Around the Child and Family if one has taken place. Where this follows on from Children’s Services involvement, include the plan from the final Child in Need review or single assessment. |
| **What are our goals?** | **How will we do this?** | **Who will do this?** | **By when?** |
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| **5: Family Wellbeing Tool – Review and evaluate progress.** |
|  | **What could be better? What are you/workers worried about?** | **What is going well? What support is currently in place?** | **What would you and/or workers like to see happen to make things better?** |
| Education, including SEN, attendance and behaviour |  |  |  |
| Child / young person’s development |  |  |  |
| Emotional and physical health  |  |  |  |
| Family relationships and parenting |  |  |  |
| Substance misuse |  |  |  |
| Worries and risks (e.g. abuse, exploitation, missing from home)  |  |  |  |
| Crime (involvement or affected by crime)  |  |  |  |
| Housing and community |  |  |  |
| Finances and employment |  |  |  |

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| **6: Family Wellbeing Scale –** Overall, how would the family score their circumstances and their wellbeing?Things are: **Very difficult Not Ok Good Great**  Difficult   |
| Score in previous Early Help Assessment/ Team Around the Child and Family | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |  |
| Score at this Team Around the Child and Family | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |  |
| **Has there been a change of score? Why?** |

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| **7: Updated family plan** |
| **What are our goals?** | **How will we do this?** | **Who will do this?** | **By When?** |
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| **8: Additional views and comments**Please note any additional views or comments that the family would like recording |
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| **9: Next steps/Outcome** |
|[ ]  Team Around the Child and Family will be arranged | **Lead practitioner:** | **Date of Team Around the Child and Family if scheduled:** |
|[ ]  Single agency support will be provided, Team Around the Child and Family not needed | **Name of agency:** |
|[ ]  Family needs met by universal services, Team Around the Child and Family not needed |
|[ ]  Referral to be made for Targeted Early Help - *Send this Team Around the Child and Family and any other early help assessment documents to* *mash@york.gov.uk* *alongside clear details of what extra support is required that cannot be achieved by the current involved services and agencies.* ***Complete the section below ‘For Targeted Intervention Service referrals only;’ if this section is not completed, the referral will not be accepted.*** *If you are unsure, please contact* *supportingfamilies@york.gov.uk* *for advice and guidance.* |
|[ ]  Other, please specify: |

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| **10: For Targeted Intervention Service referrals only – *if this section is not completed, the referral will not be accepted.*** |
| **Why does this family require support from the Targeted Intervention Service?** |  |
| **What specific support is being requested?** |  |
| **Why do existing agencies and services feel unable to support the family’s current needs?** |  |
| **What are you worried about, for this family/child/young person, if additional support is not put in place?** |  |
|[ ]  Family has given agreement for a referral to be made for support from the Targeted Intervention Service |

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| **11: Closure (Please complete if this is the final meeting)***What has changed for you and your family? Why is a Team Around the Child and Family no longer needed? Who in your community (friends, family, neighbours, groups or services) will continue to support you?*  |
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| **Outcome** (Please select the relevant closure reason for the support)**:** |
| All Needs Met[ ]  | Some needs met, remaining needs can be met through universal services[ ]  | Some needs met, remaining needs can be met through single agency support[ ]  |
| Consent Withdrawn[ ]  | Stepped Up to Children Social Care[ ]  | Disengaged with Support[ ]  |
| Family have moved to a different local authority[ ]  |  |  |

**Once you have completed a Team Around the Child and Family review please update the Supporting Families Team by emailing:** **supportingfamilies@york.gov.uk**

**If you are also using this form to refer for targeted intervention, please send to** **mash@york.gov.uk**