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| **Team around the Child and Family (TACF) Early Help Plan** |

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| **Child Details** | **Date Of Birth** | **Address** |
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|  | **TEAM AROUND THE FAMILY MEETING DETAILS** | | | | | | | | | |
| **Date and time of meeting:** | |  | | | **Venue :** | |  | | | |
| **Date plan completed:** | |  | **No. of meetings held to date:** | | Choose an item. | | | | **Date of last meeting:** | Click or tap to enter a date. |
| **Lead Professional Name:** | |  | **Tel No:** |  | | **Email:** | |  | | |

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| **WHO ATTENDED YOUR TEAM AROUND THE 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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| **E: YOUR PLAN AND SUMMARY OF PROGRESS**  *This information is taken from your Early Help Assessment and will be reviewed and added to by everyone during your meeting.*  *What's going well? What are you worried about? What's changed and what difference do you feel it has made for you and your child's day to day life? Have you come across any obstacles and what have you done about this? How do you feel about the support you are getting?* | | |
| **Child / Parent / Carer/ Family Member / Agency** | **What are the key things you and your child(ren) need support with? (What was identified in the assessment?)** | **What has changed for your children and family? What progress has been made so far?** |
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| **F: SUMMARY & NEXT STEPS**  *Summary of the progress your family have made, what difference has this made for your child(ren) and what action is now needed over the next 4-6 weeks?* |
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| **Is a referral for Targeted Intervention Support required? (Please tick)**  *If yes, please detail in the ‘Action Plan’ what support is required from the Targeted Intervention Service as part of the Team Around the Child and Family. This form can then be submitted with a supporting email to ‘earlyhelp@york.gov.uk’.* | **Yes** |  | **No** |  |

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| **G: Action Plan**  *What action is now needed over the next 4-6 weeks?* | | | |
| **Date** | **Agreed Next Steps** | **By Whom** | **By When** |
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| **Agreed date of next meeting:** | | Click or tap to enter a date. | | | **Time of meeting:** |  | | **Venue:** |  | | |
| ***If the Lead Professional is changing who will take this role going forward?*** | | | | | | | | | | | |
| **Name:** |  | | **Agency:** |  | | | **Contact Details:** | |  | **Date of transfer:** | Click or tap to enter a date. |

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| **H: MOVING ON (Please complete if this is the final Meeting)**  *What have you learnt? What new skills have you got that will help you in the future? Do you feel more confident in dealing with challenges? Who in your community (friends, family, neighbours, groups or services) will support you to keep moving forward? Is there any further information and advice that we can give you?* | | |
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| **Closure Reason** (Please select the relevant closure reason for the support)**:** | | |
| All Needs Met | Some needs met | Consent Withdrawn |
| Family Moved to Another Authority Area | Stepped Up to Children Social Care | Disengaged with Support |

**Once you have completed this Team Around the Child and Family record please update the Supporting Families Team by emailing:** [**supportingfamilies@york.gov.uk**](mailto:supportingfamilies@york.gov.uk)