**Early Help Team Around the Family Review** 

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| **Meeting Details**  |
| **Date of Meeting** |  |
| **Time of Meeting** |  |
| **Lead Practitioner** |  |

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| **Basic Details: Family Information**  |
| **Family Name:****Family Address:** **Contact number: Post code:** |

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| **Basic Details: Family members \*please add extra rows where needed. PR = Parental responsibility**  |
| **Name**  | **Relationship** | **Date of Birth/ Expected Date of Delivery** | **Gender** **(F or M)** | **Ethnic Origin** | **Disability or** **Additional Needs**  | **Early Help Number**  | **NHS Number** |
|  | **Parent / Carer** | **PR?** |  |  |  |  |  |  |
|  | **Parent / Carer** | **PR?** |  |  |  |  |  |  |
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| **Team Around the Family** \*include appropriate family / friends as well as practitioners |
|  |  |  |  |  |  |  |  |
| **Name** | **Role/Relationship** | **Team and Organisation (if applicable)** | **Telephone number/e-mail address** | **Family Member(s) they are supporting (if applicable)** | **Attended (Y) or Apology (N)** | **Lead – Y/N** |
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| **Summary of TAF discussion** |
| **Updated Worry statements (who is worried, what are they worried about, what could the impact of these worries be on the child / family?)**   |

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| **What do we need to do next? What outcomes have been met?** |
| **Please include family actions as well as worker actions** |
| **Outcome** | **Action / completed outcome. Please link to outcomes identified in assessment. Please give as much detail as possible and describe how things have improved.** | **Who** | **By when**  |
| **1. Parents and Children getting into trouble with the Police.** |  |  |  |
| **2. Children who have not been going to school regularly** |  |  |  |
| **3.Children / Families who need help** |  |  |  |
| **4. Parents or young people without a job or struggling with money or debts.** |  |  |  |
| **5. Families where there has been domestic violence** |  |  |  |
| **6. Parents and Children with health problems.** |  |  |  |

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| **Team Around the Family Date:** |
| **Time:** | **Venue:** |

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| **If the Team Around the Family is ending please complete the summary below** |
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| **Closure Summary** |
| **Closure reason** |
| **Outcomes met**  |[ ]   |
| **Family disengaged**  |[ ]   |
| **Escalated to tier 4**  |[ ]   |
| **Moved out of Area**  |[ ]   |
| **Universal services involvement**  |[ ]   |

**Closure of Early Help Assessment and Plan / Conclusion of Intervention**

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| **Early Help Assessment & Plan:****ASSESSMENT STAGE** | **Date:**  |  | **Early Help Plan :****CLOSURE STAGE** | **Date:**  |
| **Parents and children involved in crime or antisocial behaviour** |
| **Indicator of Need** | **Please check the box below if this is a currently issue for the family** | **Detail** | **S&S period** | **Describe the intervention that has been delivered?** **What were the outcomes?** **(please refer to the assessment stage and give evidence of engagement and impact)** |
| Proven offending by adults or children in the last 12 months |[ ]  Date of offence:Type of offence: | **6 months** |  |
| Adults involved with Probation or CYP involved with YOT (Youth Offending Team) | ☐ | Date of offence:Type of offence:YOT Plan (please tick box) [ ] Name of Key Worker: |  | Has there been another offence committed in the last 6 months? |
| Parent/family member in prison or YOI | ☐ |  |  |  |
| ASB committed by someone in the household in the last 12 months | ☐ | Date of last ASB incident: | **12 months** |  |
|  |  |  |  |  |
| **Children who have not been attending school regularly** |
| **Indicator of Need** | **Please check the box below if this is a currently issue for the family** | **Detail** | **S&S period** | **Describe the intervention that has been delivered?** **What were the outcomes?** **(please refer to the assessment stage and give evidence of engagement and impact)** |
| Persistent lateness:  | [ ]  | What is the lateness % for the school term? | **Last term** |  |
| Attending PRU or other alternative provision (including part-time timetable) | [ ]  | Please state which provision:How many exclusions in the past 3 terms? |  |  |
| Exclusion A child who has received at least 3 fixed term exclusions (FTEs) in the last 3 consecutive school terms or been permanently excluded.  | [ ]  | How many exclusions in the past 3 terms?  | **Last 3 terms** |  |
| Poor attendance (including non-take-up of early years offer):A child who is persistently absent from Secondary school for an average of 10% of sessions across 3 consecutive terms. (less than 90% attendance) | [ ]  | What is the attendance % for the last 3 school terms? | **Last 3 terms** |   |
| Other: (e.g; poor behaviour, managed move, not receiving suitable full time education; lack of engagement/ priority of education from parents or CYP; bullying) | [ ]  |  |  |  |
| A child who is neither registered with a school, nor being educated otherwise. | [ ]  |  |  |  |
| **Children who need help** |
| **Indicator of Need** | **Please check the box below if this is a currently issue for the family** | **Detail** | **S&S period** | **Describe the intervention that has been delivered?** **What were the outcomes?** **(please refer to the assessment stage and give evidence of engagement and impact)** |
| Child in need of protection (Children’s Social Care plan) or Early Help Plan or other family plan | [ ]  | Date plan started: | **6 months** |  |
| Child open to Children with Disabilities Team under Section 17 of the Children’s Act 1989 | [ ]  | Date plan started: |  | Has good progress been made at the 6 month review? Please detail |
| YP risk-taking behaviour (e.g. self-harm, missing episodes etc or those at risk of CSE | [ ]  |  |  |  |
| Parents/Carers who need help(behaviour management, parenting programmes, inter-parental conflict) | [ ]  |  |  |  |
| Young carer | [ ]  |  |  |  |
| Other (e.g. Please detail (e.g. asylum seeker, teen parent) | [ ]  |  |  |  |
| **Adults out of work or at risk of financial exclusion or young people at risk of worklessness** |
| **Indicator of Need** | **Please check the box below if this is a currently issue for the family** | **Detail** | **S&S period** | **Describe the intervention that has been delivered?** **What were the outcomes?** **(please refer to the assessment stage and give evidence of engagement and impact)** |
| Family has any of the vulnerability indicators  | [ ]  | [ ] Homelessness / risk of eviction[ ] Family using foodbank[ ] Rent arrears[ ] Debt / inability to manage family finances (including use of loan sharks and pay day loan companies)[ ] Active inclusion[ ] Grant applications to resolve debt / financial issues |  |  |
| Out of work benefits | [ ]  | Which benefits are individuals in receipt of? | **6 months** | Has the individual achieved any 3 of…[ ]  Use the internet to search & apply for jobs[ ]  Has a good plan in place for finding work & are contactable[ ]  Engaged in training, volunteering & work experience opportunities[ ]  Has a good quality CV[ ]  Is registered on Universal Jobmatch, agencies[ ]  Is engaged as a Sure Start Volunteer OR [ ]  has been assessed by the TFEA as making progress Please detailOR[ ] Found employmentPlease detail |
| NEET young person | [ ]  | Date became NEET? |  |  |
| **Families affected by domestic violence and abuse** |
| **Indicator of Need** | **Please check the box below if this is a currently issue for the family** | **Detail** | **S&S period** | **Describe the intervention that has been delivered?** **What were the outcomes?** **(please refer to the assessment stage and give evidence of engagement and impact)** |
| Family violence (including Child to Parent violence) | [ ]  |  | **6 months** | Improved safety and protection as demonstrated by☐Reduction of risk☐Successful end of plan with DV as feature☐Increase in self-assessed feelings of safety |
| Self-reported DV | [ ]  | Date of last incident? |  |  |
| Risk of DV (including historical DV within the household, MARAC) | [ ]  |  |  | Improved safety and protection as demonstrated by[ ] Reduction of risk[ ] Successful end of plan with DV as feature[ ] Increase in self-assessed feelings of safety |
| Coercive Control | [ ]  |  |  |  |
| **Parents and children with a range of health problems** |
| **Indicator of Need** | **Please check the box below if this is a currently issue for the family** | **Detail** | **S&S period** | **Describe the intervention that has been delivered?** **What were the outcomes?** **(please refer to the assessment stage and give evidence of engagement and impact)** |
| CYP Drug & Alcohol misuse | [ ]  |  |  |  |
| Parental Drug & Alcohol misuse | [ ]  |  |  |  |
| Developmental issues (e.g. 2 yr old check / milestones) | [ ]  |  |  |  |
| CYP Mental Health & Emotional wellbeing | [ ]  |  |  |  |
| Parental Mental Health | [ ]  |  |  |  |
| Other (e.g. poor or inappropriate take up / engagement with universal services such as GP, HV, Dentist;Conditions/illness/disability impacting on family functioning; Bereavement; obesity)  | [ ]  |  |  |  |
| Health Visitor has undertaken a whole family assessment |[ ]  Health Needs Assessment has rated the family:Red [ ] orAmber [ ]   |  | Date of review: Following review Health Needs Assessment rates the family as green. Family have met agreed outcomes. **Give details:** |