**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 | | | | | | | |
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| **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** | | | |  | | |
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| **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 detail  OR  Found employment  Please 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  or  Amber | | |  | | Date of review:    Following review Health Needs Assessment rates the family as green. Family have met agreed outcomes.  **Give details:** | | | |