**Initial Team Around the Family (TAF) meeting**

Chairperson \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (This does not have to be the Early Help Champion) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name of the child** | **Date of birth** | **Does the child have a disability?**  | **Did the child attend the meeting?** | **Name of the parent with Parent Responsibility (PR)** |
|  |  |  | *If the child does not want to attend, or is too young to participate in a formal meeting then other arrangements should be made. For example the child can nominate an advocate, can submit a written comment, or can participate via the Signs of Safety Children’s Tools or similar.*  |  |

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| **Name of the Early Help Champion**  | *This is usually the person who has completed the EHA* |
| **Contact and telephone number** |  |

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| **Meeting attendance and apologies sent***It is good practise to enter everyone who has been invited to be part of the TAF. Don’t forget child/young person and family as part of the TAF. It won’t work without them.*  |
| **Name**  | **Agency** | **Contact details** | **Signature confirming attendance**  | **If a professional did not attend but provided a report , please tick**  |
|  |  |  |  | Report provided  |
|  |  |  |  | Report provided  |
|  |  |  |  | Report provided  |
|  |  |  |  | Report provided  |
|  |  |  |  | Report provided  |
| *If a person or agency did not attend but sent a report enter information above.**Detail any agencies or people who were invited but did not feel appropriate or possible for them to attend the TAF.* |

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| **Agenda** *Use this template to record main points of the meeting. There is no need for formal minutes, or to record everything verbatim. The main business of the meeting**should be the TAF Plan. These notes can be handwritten and photocopied at the end of the meeting for people to take away.**If not, they should be typed up and distributed within a week of the meeting. A copy of the Plan should be sent to Children&families@northyorks.gov.uk***Always ensure the voices of the young person and family are heard, recorded and responded to.** |
| **Welcome and Introductions** | Please ensure the family know everyone present and what their role is. This should be explained in simple language, not complicated job titles. |
| **Purpose of the TAF** | To be clear and succinct, in clear language. Please see introduction to this section. |
| **Ground rules** | Always discuss confidentiality and information sharing.Be clear that everyone should be allowed to participate, and clear language should be used.Discuss timing and agree things like mobile phones off, and to break if needed.Encourage respect and sensitivity, and how people will challenge appropriately. |
| **What’s going well?** | Use the EHA as a starting point, and then ask people to add contributions as appropriate.Ensure you discuss how this is helping, or could help with the things we are worried about. |
| **What are we worried about?** | Use the EHA as a starting point, and then ask people to add contributions as appropriate.Be clear, factual and use danger statements from EHA.For more information on Signs of Safety see information sheet 6. |
| **What needs to happen?** | Use the EHA as a starting point, and then ask people to add contributions as appropriate. |
| **Completion of plan Use template and attach copy** | Use Plan template  |
| **Identification of the Early Help Champion** | Child/young person and family should express a preference, and if it is not possible for this person to assumethe role of Early Help Champion, a reason should be made clear to them and recorded here.It is often useful to have had discussions about this with the family prior to the meeting. |
| **Child’s Comments about the meeting** | This should be filled in in the child/young person’s words, or other form of communication (i.e. smileyface) wherever possible. See TAF Handbook for further guidance on children’s participation.Where the child is not present, they should always get feedback at a level that is appropriate to them. |
| **Parent(s)’ / Carer(s)’ comments about the meeting** | This should always be asked and filled in, in the parents/carers words. |
| **Date, time and venue for next meeting. NB The plan needs to be reviewed at least once every 8 weeks** | Please ensure this is set at this point, and ensure everyone who is unable to attend is clear they need to send a representative or a written update.Meetings should always be arranged at a time and place convenient for the child and family. |
| **Thanks and meeting end**  | It is important to thank everyone for their time, including the family, and formally draw the meeting to a close. |

**Team Around the Family Plan for *(insert the name of child or young person)***

Date of this plan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date TAF started\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date plan was last reviewed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Name of the child** | **Date of birth** | **Does the child have a disability?**  | **Name of the parent with Parent Responsibility (PR)** |
|  |  |  |  |

|  |  |
| --- | --- |
| **Name of the Early Help Champion**  | *This is usually the person who has completed the EHA* |
| **Contact and telephone number** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What needs to happen?** *(Paste form EHA)* | **Actions** | **Who will do it?** | **By when?** | **How will we know if it has made a difference?**  |
| *Copy and paste everything from the “What needs to happen?” column. Include items from the Practitioner’s Family and Child/Young Person. Where there are many issues, the Team Around the family, including the child/young person themselves, can prioritise and agree for this plan to address the issues that are most important and add more later* | * *Make sure these are*

*clear and achievable.** *Ensure that the actions are*

*related to the issue described in the left hand column.** *Do not include actions that*

*do not contribute to the**priorities of the plan.** *Do not use acronyms or*

*jargon without explanation.* | * *Assign clear responsibility and ensure this person agrees and is clear about what the action is.*
 | * *Set an agreed, realistic timescale.*

*• Do not use ‘ongoing’.* | * *Ensure that this is clear, measurable and described in words the child and family understand.*
* *Do not use acronyms or jargon without explanation.*
* *Check again that*

*this is related to the**priorities of the plan.* |

The scaling question below should be used to establish how concerned each person is about the issues identified in the assessment above. The Professional, the parents/carers, and the child or young person should all score separately. There is no need to come to a consensus. The scaling is very powerful in understanding where families are at in their thinking about change; and for opening up a discussion about why scores are similar or different for each person involved.



**I have contributed to, and agreed the content of this plan:**

Child/young person’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Carer’s Signature

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Early Help Champion’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NB The plan needs to be reviewed at least once every 6 weeks