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Early Help toolkit

part 3: TAF and SMART Family Action Plans

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This document is used to record discussions and decisions made in the Team Around the Family (TAF) meeting.

There are 5 sections to complete. Sections 1-4 should be completed after each meeting, when an Early Help is transferring or closing complete sections 1-5.

* The team around the family discussion enables identification of success and changes.
* Family Action Plans identify goals and record any actions required.
* Next steps provide a space to record information on the transfer or closure of the early help.

# **Section 1: Meeting details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Early Help case number** |  | | |
| **Child/young person name** |  | **Attendance** | Yes / No |
| **Setting/school** |  | | |

|  |  |  |
| --- | --- | --- |
| **Lead professional** | | |
| Name of practitioner | Agency and role | Contact details (including email address) |
|  |  |  |

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| **Person chairing the meeting** | | | | |
| Agency | Name of practitioner | Job role | Contact details | Lead professional |
|  |  |  |  | Yes / No |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attendees** | | | | | | | |
| Child/young person, parents, carers, and other family members | | | | | | | |
| Name | | Relationship to the child | | Contact details | | Attendance | |
|  | |  | |  | | Yes / No | |
|  | |  | |  | | Yes / No | |
|  | |  | |  | | Yes / No | |
| Professionals | | | | | | | |
| Agency | Name of practitioner | | Job role | | Contact details | | Attendance |
|  |  | |  | |  | | Yes / No |
|  |  | |  | |  | | Yes / No |
|  |  | |  | |  | | Yes / No |
| **Apologies/absences** | | | | | | | |
| Agency | Name of practitioner | | Job role | | Contact details | | Report sent |
|  |  | |  | |  | |  |
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| Date and time of meeting |  | Venue:if onlineensure participants joining virtually have access to the required technology |  |

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| **Reason for this team around the family meeting (TAF):** Use this space to explain why this TAF meeting is being held. Include a brief overview of the presenting needs. | | | | | | | |
| Initial |  | Review |  | Transfer |  | Closure |  |
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| **Safeguarding/child protection and identified risks**   * Have there been identified risks or potential risks highlighted? * What are the challenges and vulnerabilities for the child, young person, and their family? * Can and how will risks be managed within the Family Action Plan? * Is there appropriate support and provision available?   **Safeguarding and child protection concerns:** Indicate which practitioner will consult with social care and complete the multi-agency referral form (MARF) |
|  |

**Section 2: Team around the family discussion**

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| **Summary of discussion:** What are the parents/carers understanding of the current issues. Include the child/young persons’ thoughts and views |
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| **How will things look when the family have achieved their goals?**   * What are the family aspirations? * Highlight potential protective factors. * What will professionals notice? |
|  |

**Section 3: Decision from Team Around the Family meeting**

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| --- | --- | --- | --- |
| **Is Early Help continuing with the family?** | | | |
| Yes | Next TAF meeting details: Date/time |  | |
| Venue or online |  | |
| Continue with the family action plan to create or amend goals and actions | | |
| Name of practitioners and services, who are no longer required to be part of the TAF meetings | | | |
| Agency | Name | Role | Contact details |
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| No. Complete section 5 – The Next Steps: Transfer or closure of Early Help |

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| **MOD Assessment of Supportability Overseas (MASO)**  Are the family currently within the supportability process or likely to require an assessment of supportability? If yes, identify the professional and service taking the lead.  Ensure the child, young person and family continue to be supported through the supportability process, this may be through early help, multi-agency, or single agency support. | | | |
| Agency | Name | Role | Contact details |
|  |  |  |  |

**Section 4: Family Action Plan**

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| **Set goals in relation to the presenting issues**  What SMART actions can help the family to achieve the goals | | | | | | | |
| What do we want to achieve? | Date | | Actions | By whom | By when | Review of work | Date completed |
| Goal 1 |  | |  |  |  |  |  |
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|  | |  |  |  |  |  |
| Goal 2 |  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
| Goal 3 |  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
| **Gaps in service**  Indicate if there are resources and/or services unavailable in command or locally to support the family to achieve their identified goals? | | | | | | | |
| Resources/services | |  | | | | | |
| Actions taken. | |  | | | | | |
| Any identified risks? | |  | | | | | |

**Section 5: The next steps**

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| --- | --- | --- | --- | --- |
| **Reason for transfer or closure** | | | | |
| Goals achieved and needs are being met | Service Child Assessment of Need (SCAN) | Family withdrew or withdrew consent | Transition or posting | Escalation to social care |
|  |  |  |  |  |

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| **Closure or ending of early help and team around the family** | |
| Date of transfer or closure |  |
| Reason for closure |  |
| Any further actions required? |  |

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| **Continued support for family by single agency, universal service, targeted service, or SCAN:** Summarise how progress will be managed | |
| What will help to keep progress ongoing? |  |
| How may difficulties be managed in the future? |  |
| Which service will continue the support? |  |

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| **Transfer to another service, setting or school** | | | |
| Name of service/setting/school |  | | |
| Name of professional |  | Role |  |
| Documents shared |  | Date |  |

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| **Escalation of safeguarding/child protection concerns** | | | | | |
| MARF completed | Yes | No | Date |  | |
| Practitioner completing the MARF |  | | Contact details |  | |
| Documents shared with social care | Part 2: The assessment | | Yes | | No |
| Part 3: TAF/Family Action Plan | | Yes | | No |

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| --- | --- | --- | --- | --- |
| **Transfer/closure tasks** | | | | |
| Information and documents shared with the family | Yes | No | Date |  |
| Data notification forward to Early Help Coordinator | [**rc-dcs-hq-wsw@mod.gov.uk**](mailto:rc-dcs-hq-wsw@mod.gov.uk) | | Date |  |