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| Our Family Plan/ Team Around the Family Arrangements |
| Family Name |  |
| Contact Number and/ or Email |  |
| Early Help Plan | Initial TAF | Review TAF | Final TAF |
|[ ] [ ] [ ] [ ]
| Date |  |
| Please provide additional details of time, venue and Co-Ordinator if recording a TAF meeting. |
| Time |  |
| Venue |  |
| Co-ordinator |  |
| Name of one child in household | DOB of the child | House number | Postcode |
|  |  |  |  |
| Family Members | Relationship in Family | Ethnicity | Views gained? | Attended Meeting? |
|  |  |  |[ ] [ ]
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|  |  |  |[ ] [ ]
| Lead Practitioner name and role:  |  |
| Practitioner Name | What is their role? | Contact Details | Attended? | Information provided? |
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| Views of all family members including the child/young person (*family members* *present & not present, what are your main concerns)* |
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| What do we all feel is going well? What has worked before? *(Include views of family as well as practitioners, please consider health and well-being, finances, school life and home life)*  |
|  |
| What are we all worried about? *(Include views of family as well as practitioners, please consider issues such as health and well-being, finances, school life and home life)* |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Please record on a scale of 0 to 10 the family and TAF members view of the current situation for the child/ren with 0 being as bad as it can be and 10 being child/ren provided with stable and consistent care and accessing universal services (not mandatory). |

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| Areas that support is required | How we will achieve this | By Who | By When |
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| Review Date/Time/Follow up:  | Venue (if required) |
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| Has a new Lead Practitioner been appointed? (If required): | Contact details of Lead Practitioner: |
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|  Parent/Carer/Family Member/Young Person Agreement* I/We agree this information is an accurate summary of my/our family’s situation,

we agree with the family plan and the actions we and others have agreed to and authorise this plan to be shared with others who have actions.* I agree that personal information about my family may be shared with or requested from other agencies and with other professionals, so that my families` needs can be provided with services.
* I understand that I may withdraw my permission to share information at any time and this may result in a reduction of services being available.

For details on how Essex County Council uses the information that is collected about you and further information about your rights under the General Data Protection Regulation 2016 please visit [www.essex.gov.uk/privacy](http://www.essex.gov.uk/privacy) . **Parent statement. I have read and understand the privacy statement**  YES/NO* I agree for a representative from Essex County Council to follow up on this plan with the lead practitioner and the family as required.
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| There is specific information I do not want to be shared; this includes  |   |
|  |
| Name of family member(s) | Signature | Date |
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To help evidence the resulting family outcomes from your Early Help Plan click here:

[Evidencing Early Help in Essex (office.com)](https://forms.office.com/pages/responsepage.aspx?id=TzK0qFwVFUKg8X7YzJqZL6XlZ9cX50NGr3rUHxfsISVUMEM5SzQ1NFUwTlJRV0NaSFpLM1RZRENZWS4u)

Or scan the QR code below:

