

**Community Team Around the   
Family Meeting**

**About the Team Around the Family Meeting**

We want all children in Oxfordshire to have the best start in life, to enable them to reach their full potential. Sometimes children and families need additional support to achieve this. The Team Around the Family (TAF) meeting works with you and everyone around you, to understand what is going on and agree the best way forward. It is important that prior to a Team Around the Family an Early Help Assessment (EHA) has been completed, please ensure it is or if your EHA is over a year old that a new one is completed.

The TAF meeting and Plan will look at each worry from the assessment and agree what is needed to improve things for the child and family.

# Your agreement – Parents:

I agree to participate in the Team Around the Family Meeting. I understand that the information I give will be used to help me and my family. I understand that this information will be shared and stored with other professionals to plan what is needed as necessary. I understand this information will be shared with other schools should my child move to a different school.

|  |  |
| --- | --- |
| **Parents/Primary Carers signatures and printed names:** | |
| Primary carer 1 Signature: | Printed Name: |
| Primary carer 2 Signature: | Printed Name: |
| Young Person/child’s Signature (if appropriate): | Printed Name: |

Parents will receive a copy of the TAF meeting notes and [An Early Help guide for parents and carers](http://www.oscb.org.uk/wp-content/uploads/Oxfordshires_Early_Help_Guide_for_families_v3_web.pdf).

## We will be careful with your information

Your information will be stored electronically and shared only to support you or improve our service. The Office of National Statistics is carrying out a national evaluation on some of this work, and your personal information, including name and date of birth, may be shared with them. You can opt-out of information sharing for research and evaluation at <https://www.oxfordshire.gov.uk/cms/content/consent-share-information>

# Your agreement – Practitioners:

I agree to help you complete the TAF and make plans with you to get things working well. This means I will:

* Help you to record what is working well and what could be better
* Liaise with agencies and other professionals involved in your life. E.g. GP, Health Visitor if needed
* Use the Locality and Community Support Service (LCSS) for advice – contact details can be found here: <http://www.oscb.org.uk/professionals/early-help-locality-community-support-service/>
* Provide support from my agency
* Request specialist support if needed

|  |
| --- |
| **Lead Professional: If you are sending this form by email to LCSS can you confirm that you have consent to share it and hold the original signed copy at your establishment?** |
| **Yes** |

**Family Background and Information**

**Date of meeting:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of all children in your family** | | | | | | | | | |
| **Name** | **DOB /  Due date** | **Gender** | **Ethnicity** | **Religion** | **Name of school or educational setting** | **Address (if different from family address)** | **Young Carer?** | **EHCP?** | **CAMHS?** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Additional Information, such as special educational needs, issues of identity: | | | | | | | | | |

|  |  |
| --- | --- |
| **Main family address  (including postcode)** | **Family phone numbers  and email addresses** |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of parents/carers, other family members and significant people** | | | | | | | |
|  | **Name** | **Date of birth / Due date** | **Gender** | **Ethnicity** | **Religion** | **Relationship to child – state Parental Responsibility** | **Address (if different from family address)** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| Additional Information: | | | | | | | |
| *Please include all relevant individuals, even if you have incomplete information.* | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Lead professional** | | | |
| Name |  | Role |  |
| Agency/ Organisation |  | Email |  |
| Telephone Number |  | Address |  |
| *The Lead Professional is the agreed point of contact between services and the family.* | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Which agencies, services and professionals are/have been involved in supporting child/ren and family?** | | | | | | |
| **Name** | **Supporting who** | **Role /agency** | **Contact details** | **Contributed to the TAF?** | **Start date** | **End date** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## TAF meeting details

|  |  |  |
| --- | --- | --- |
| Date: | Time: | Venue |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please fill in the names of the people attending the meeting.* | | | | |
|  | **Name** | **Role/Agency** | **Email** | **Tel No** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| Additional Information: | | | | |

|  |
| --- |
| **What were the presenting needs from the EHA or any other assessment?** |
|  |

|  |  |
| --- | --- |
| **Agency involvement & significant events update over the past 6 – 12 weeks** | |
| Date | Agency involvement & Significant events |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| If there are concerns of neglect for the child/ren please go to <https://www.oscb.org.uk/themes-tools/neglect/neglect-toolkit-tools-and-interventions/> to see if a Multi-Agency Chronology would be helpful. Should you need further support please contact your local LCSS team <https://www.oscb.org.uk/professionals/early-help-locality-community-support-service/> | |

|  |
| --- |
| **Discussion about progress since the Early Help Assessment or previous TAF meeting:** |
| What has worked well and been achieved? |
|  |
| What needs to change to help things improve for the child/ren? |
|  |
| What are the child/ren’s views? (Tools to collect Children’s voice are available on OSCB website: <https://www.oscb.org.uk/themes-tools/> ) |
|  |

# Action Plan

What needs to change? Set specific actions that are easy to measure, achievable, realistic and timely, which can support positive change.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What will the outcome be? (BENEFIT)** | **What needs to be done? (ACTION)** | **Who will do it?** | **Who will help?** | **By when?** |
| E.g. Childs attendance will go above 90% | E.g. Get up earlier to prepare for day  Family member to make breakfast and support getting child to school  Have a meeting with the teacher where relationship breakdown has taken place  Contact the Education Inclusion team | E.g. Mr Smith (Father)  Mrs Karpa (Mother) | E.g. Mrs Cook (teacher) |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**NB The above should include parent/carers, child and professionals’ views**

**Next steps**

The Team around the Family meeting can continue to support the family for as long as needed.

**Reviewing the TAF**

* Continue to review every 12 weeks in a TAF until outcomes are achieved.
* When outcomes are achieved complete Closure/Evaluation with family and send to LCSS

|  |  |
| --- | --- |
| **Who will review the plan?** | **When will this happen?** |
| Lead professional: | Date of meeting: |

Discussions between professionals and the family should determine who is best placed to be the Lead Professional. The Lead Professional does not have to chair all meetings or complete all paperwork, but they should ensure that these actions take place and be a point of contact for the family.

**Continuing or closing?**

Please fill in.

|  |  |  |  |
| --- | --- | --- | --- |
| Is this TAF meeting? | | | |
| Initial |  |  |  |
| Review |  | If review, what number? |  |
| Step down TAF from CSC |  |  |  |
| Last TAF |  |  |  |

**If this is the last TAF, please complete TAF Closure and Evaluation paperwork and send to the LCSS team along with these minutes**.

Please send copies of your completed documents to your local Locality and Community Support Service. North: [LCSS.North@oxfordshire.gov.uk](mailto:LCSS.North@oxfordshire.gov.uk) South: [LCSS.South@oxfordshire.gov.uk](mailto:LCSS.South@oxfordshire.gov.uk) Central: [LCSS.Central@oxfordshire.gov.uk](mailto:LCSS.Central@oxfordshire.gov.uk)

The Early Help Assessment and Team Around the Family Processes are vital components of ensuring that Children and Families get the right support at the right time. This is sponsored by all partners making up the OSCB.



**Prompts to support completion of your EHA**

***Please use the below prompts to support conversations during completion of the EHA***