**Community Team Around the Family meeting**

# At times children and families need a bit of extra support. We want families to know that it is ok to ask for help. You may have had help from your wider family and support networks, or from professionals in the community that you know like school or early years staff, health visitors, midwifes, doctors, or the voluntary sector.

# 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 it the strengths and needs form has been completed. The meeting and plan will look at each worry from the assessment and agree what is needed to improve things for your child/ren and family.

**Your agreement as parents**

I agree to share my family’s information in the team around the family meeting, so that the right support can be provided in a timely way. As part of this I understand that the next steps might be to speak with people from different agencies, as they may be able to help plan or give additional support.

We would only contact people from different agencies with your agreement.

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| --- | --- | --- | --- |
| Primary carer 1 |  | Signature |  |
| Primary carer 2 |  | Signature |  |
| Young person/child |  | Signature (if appropriate) |  |
| Date |  |

**Your agreement as a professional**

The lead professional is the agreed point of contact between services and the family.

I agree to help you complete this document 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, for example doctors and health visitors
* Use the Locality and Community Support Service (LCSS) for advice
* Request any support if needed
* Provide support from my organisation

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Signature |  |
| Organisation |  |
| Contact number |  |
| Email address |  |
| Date |  |
| If you are sending this form by email to LCSS, please confirm that you have consent to share it and will hold the original signed copy securely. | Yes [ ]  |

**Our family background and information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name | DOB or estimated due date | Gender | Ethnicity | Address and postcode | Tel. number | Family member? e.g. child, mother, grandparent friend | If adult, do they have parental responsibility?  | EHCP | School attendance under 90% | A special educational need or disability?(Please indicate primary/highest current need and if more than one, give details in the next sections) | Is child a young carer?\*(see note below) |
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\*if yes, please complete the young carers questionnaire on OSCB early help pages

**Team around the family meeting details**

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

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| **Please fill in the names of the people attending the meeting** |
| Name | Role / agency | Email | Tel number |
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| **Any agencies not present today?** |
| Name | Role / agency | Email | Tel number |
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| **Agency involvement and significant events update over the past 6 – 12 weeks** |
| Date | Agency involvement and significant events |
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| 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/> |

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| Discussion about progress since the strengths and needs form or previous TAF meeting: |
| **What has worked well and been achieved?**  |
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| **What needs to change to help things improve for the child/ren? (Bullet point)** |
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| **What are the child/ren’s views? (Tools to collect children’s voice are available on OSCB website:** ADD LINK |
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**Action plan**

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

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| What are the key things your family and children need support with? | What needs to happen to change this? | Who needs to be involved? | How will things be better for your child/ren when this changes and how will we know? | By when? |
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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.

For others signposting to a single agency might be enough or a team around the family (TAF) might be required to ensure all agencies liaise and support your family in a planned way.

* Your support needs will be reviewed within the TAF every 6-12 weeks
* When outcomes are achieved a closure and evaluation form will be completed and sent to LCSS

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| Who do you feel would be the ideal person to be your lead professional?  | When will this happen?  |
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| Discussions between professionals and the family should determine who is best placed to be the lead professional. They do 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. |

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| Continuing or closing? |
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| Is this TAF meeting... |
| Initial |[ ]  Who?  | Step down TAF from CSC |[ ]
| Review |[ ]  Who?  | Last TAF  |[ ]
| If review, add number |  |  |

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

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| Send copies of your completed documents to your local Locality and Community Support Service.LCSS@Oxfordshire.gov.ukThe Strengths & Needs and Team around the family processes are vital components of ensuring that children and families get the right support at the right time in a co-ordinated way |