|  |  |
| --- | --- |
| Date and location of review: |  |
| Review No: |  |
| Was this a professionals meeting i.e. the family did not attend? | Yes |
| Household Address |  |
| Phone Numbers / E-mail |  |

Family members

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name | Child/Adult? | Gender | DOB | Family relationship |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Lead Professional

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Role | Organisation | Telephone/email |
|  |  |  |  |

Attendees

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Role | Organisation | Telephone/email | Working with? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Apologies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name | Role | Organisation | Telephone/email | Report provided? |
|  |  |  |  |  |
|  |  |  |  |  |

Brief overview of discussion

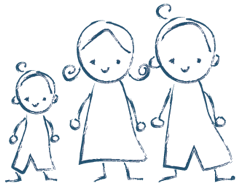
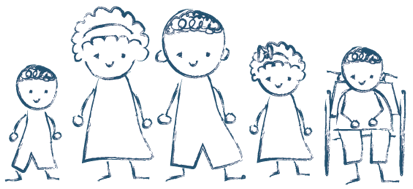
The Confidentiality Clause should be shared at the start of the meeting.

“Unless there are any safeguarding concerns, the information shared in this meeting is confidential to those present and services that will form part of the action plan. Sharing beyond this must be with the agreement of the family”

|  |
| --- |
| Strengths – What is going well?  (Views of family and professionals including Voice of the Child) |
|  |

|  |
| --- |
| Needs – What needs/desired changes have been identified?  (Views of family and professionals including Voice of the Child) |
|  |

|  |
| --- |
| Analysis and overview  (What does information above mean? What are the family’s priorities? Complicating factors) |
|  |



Our Family Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Desired change | Action(s) | Who | By When | Progress and comment |  |
| Desired changes should be those agreed at the review (as recorded in the section above)  e.g. young person’s school attendance to be above 90%. | Actions agreed in partnership with the family to address their desired changes.  A single desired change may be broken down into smaller, specific actions. | Who is responsible for the action? (this can include family members and significant others)  Which actions have family members agreed to take responsibility for? | Please provide a specific date.  Avoid using ‘ASAP’.  If an action is ‘ongoing’ please state when the action will be reviewed. | Comment on progress of actions from previous reviews.  If an action is complete, please tick the ‘completed’ box.  Completed actions can be removed from the Family Plan at the next review. | Completed |
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| --- |
| Will there be a further review/TAF meeting? |
| Yes |
| No |

|  |  |
| --- | --- |
| If Yes, what is the agreed review date: |  |

If No, what is the reason for closure

|  |  |
| --- | --- |
| Family situation has improved, reviews no longer required |  |
| Family Disengaged |  |
| Family moved to another Locality Authority |  |
| Case has escalated to Children’s Social Care |  |
| Lead Professional has transferred to LA Early Help Service |  |

Please tick which outcome areas have been improved as part of the EHA and TAF support

|  |  |  |
| --- | --- | --- |
| Education | Physical Health | Mental Health |
| Family Relationships | Crime and ASB | Staying Safe |
| Housing | Early Years | Finances |
| Other |  |  |

Uploading your Review Form

Please submit your Early Help Review & Closure (TAF) Form via the Secure Upload [Early Help forms and upload • Salford City Council](https://www.salford.gov.uk/children-and-families/early-help-for-families/early-help-forms-and-upload/) (click on ‘submit documentation’).

Please complete all sections of this form and that a copy has been shared with the family and any professionals involved.

Practitioners who attend multi-agency meetings have a responsibility to review the meeting notes and challenge inaccuracies to allow minutes to be uploaded in a timely manner. All corrections or comments should be sent to the meeting chair and minute taker.

Concerns about Significant Harm to a child or young person

If at any time during the course of this review you are concerned that a child or young person has suffered significant harm or is at risk of suffering significant harm, contact The Bridge Partnership on   
0161 603 4500 or complete the online referral form [Salford Children and Families Portal](https://childrensportalehm.salford.gov.uk/web/portal/pages/home)

Signatures

To understand how we record and may share your information, please refer to our Privacy Notice

[Early help for families privacy notice • Salford City Council](https://www.salford.gov.uk/earlyhelpprivacynotice)

To be signed by each adult or young person (dependent on competence, see Fraser Guidelines) included in this assessment.

I understand by engaging in the assessment my information may be shared with other service as appropriate to mine and my family’s needs in line with the Privacy Notice.

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Assessment lead name | Signature | Date |
|  |  |  |

Research

Basic personal information will also be shared for local and national research purposes in accordance with the safeguards listed in the Privacy Notice. This information will not be used to make personal decisions about a family and where any research results are published, this will be in anonymised form.

For information and support check out our website [Early Help Assessment and Team Around the Family | Partners in Salford](https://www.partnersinsalford.org/salford-0-25-advisory-board/early-help/early-help-assessment-and-team-around-the-family/)