|  |  |  |
| --- | --- | --- |
| Date and location of review: |  | Review No: |
|  |  |  |
|  |  |
| Please indicate if this case has been transferred down from Children’s Social Care: | [ ]  Yes [ ]  No |
| Was this a professional meeting?  | [ ]  Yes  |
|  |  |  |
| Household Address |  | Phone Numbers / E-mail |
|  |  |  |
|  |  |
|  |  |
|  |
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|  |
| --- |
| Family members |
| Full Name | Child/Adult? | Gender | DOB | Family relationship |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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|  |
| --- |
| 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? |
|  |  |  |  |  |
|  |  |  |  |  |

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| Brief overview of discussion |
| The Confidentiality Clause should be agreed at the start of a TAF 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 agreement should be with the agreement of the family” |
| Strengths – What is going well?  |
| Adult view |  |
| Child/young person view |  |
| Professional view |  |
| Needs – What needs have been identified? |
| Adult view |  |
| Child/young person view |  |
| Professional view |  |

|  |
| --- |
| Agreed Desired change |
| Adult view |  |
| Child/young person view |  |
| Professional view |  |

The voice of the child should always be recorded within an Early Help review. Supporting information can be uploaded with this form. Supporting tools; <https://www.salford.gov.uk/childsvoice> and <https://www.salford.gov.uk/eha-supportingtools>

|  |
| --- |
| Further notes/complicating factors |
|  |

|  |  |
| --- | --- |
| Our Family Plan | Completed |
| Desired change  | Action(s) | Who? | By When? | Progress and comment |
| Desired changes listed here should be those agreed at the review (as recorded in the section above)e.g. young person’s school attendance to be above 90%. | Individual actions agreed with the family in response to the desired change. A single desired change may be broken down into a number of smaller, specific action points. | Who is responsible for this 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 ‘ongoing’ please state when the action will be reviewed. | Comment on progress of actions from previous reviews should be recorded here. If an action is complete, please indicate in the ‘completed’ box. Completed actions can be removed from the Action Plan at the next review. |
|  |  |  |  |  | [ ]  |
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| --- |
| Is a further review required? |
| [ ]  Yes |  | Agreed review date: |  |
| [ ]  No |  | Reason for closure: | [ ]  | Family situation has improved, reviews are 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 Form via the Secure Upload [www.salford.gov.uk/eha-onlinereferral](http://www.salford.gov.uk/eha-onlinereferral)

(click on ‘submit documentation’). All uploaded Early Help Review Forms will be read and quality assured.

Please ensure that a copy of this Review Form is shared with the family and professionals involved.

Practitioners who attend multi-agency meetings (at all levels of the Threshold of Need and Response) have a responsibility to review the meeting notes and challenge inaccuracies within 14 working days of receipt. 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 assessment 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 completed the online referral form attaching any recent Assessment or TAF minutes <https://childrensportalehm.salford.gov.uk/>

Uploading your Early Help Assessment
Please submit the completed Early Help Assessment via the Secure Upload:
[www.salford.gov.uk/eha-onlinereferral](http://www.salford.gov.uk/eha-onlinereferral) (click on ‘submit documentation’)

Please ensure you have completed all sections of this form and a copy has been shared with the family and any involved professionals.

|  |
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| DeclarationHaving been assessed as a family that will benefit from the Early Help offer, I have been given a copy of the Privacy Notice [www.salford.gov.uk/earlyhelpprivacynotice](http://www.salford.gov.uk/earlyhelpprivacynotice)This document explains how we can legally share your information now and in the future.  |
| 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.    |