**Initial Early Help Plan & Team Around the Family Meeting (TAF)**

|  |  |
| --- | --- |
| Date of TAF: |  |
| Venue of TAF: |  |
| Name and Agency of Keyworker: |  |

# Family Members this Plan is Supporting

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Family Member** | **Agency ID** | **Date a Copy of this Plan was Provided** | **Tick if Attended TAF** |
|  |  |  |  | [ ]  |
|  |  |  |  | [ ]  |
|  |  |  |  | [ ]  |
|  |  |  |  | [ ]  |
|  |  |  |  | [ ]  |

# TAF Agency members invited to attend this taf

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Agency** | **Date a Copy of this Plan was Provided** | **Tick if Attended**  |
|  |  |  | [ ]  |
|  |  |  | [ ]  |
|  |  |  | [ ]  |
|  |  |  | [ ]  |
|  |  |  | [ ]  |

# Family Plan 1

**Scoring as completed in the Early Help Assessment (dated )**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Stuck** | **Accepting Help** | **Trying** | **Finding What Works** | **Effective Parenting** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Star Area** | **Outcome Star Number on EHA** | **What changes are needed?** | **Who needs to do this and by when?** | **What do we want to achieve? (based on the worries and changes needed)** |
| **Physical Health** |  |  |  |  |
| **Your Wellbeing** |  |  |  |  |
| **Meeting Emotional Needs** |  |  |  |  |
| **Keeping Your Children Safe** |  |  |  |  |
| **Social Networks** |  |  |  |  |
| **Education and Learning** |  |  |  |  |
| **Boundaries and Behaviour** |  |  |  |  |
| **Family Routine** |  |  |  |  |
| **Home and Money** |  |  |  |  |
| **Progress to Work** |  |  |  |  |
| **Other** |  |  |  |  |

# Aide Memoir



Please complete each review/assessment on the outcome star above using the following colour scale:-

|  |  |
| --- | --- |
| Initial Assessment | Green |
| Review 1 | Red |
| Review 2 | Blue |
| Review 3 | Yellow |

