|  |
| --- |
| **Early Help- Team Around the Family (TAF)/Review Meeting**  |
| **EHAT Reference No:** |  | **Date of Review:** |  |

**Family’s Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** | **Surname:** | **DOB /EDD:** | **Age** | **Relationship** | **Address (including postcode)** |
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**Lead Professional Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | **Job title:** | **Agency:** | **Email Address:** | **Telephone Number** |
|  |  |  |  |  |

**Meeting Attendees:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  **Job title:** | **Agency**  | **Email address** | **Contact number:** |
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**Current Plan:**

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| --- | --- | --- | --- | --- | --- | --- |
| **Action** | **Area** | **By Who** | **By When** | **Goal/outcome** | **Update on progress** | **Action Completed****Yes/No** |
|  | Choose an item. |  | Click here to enter a date. |  |  | Choose an item. |
|  | Choose an item. |  | Click here to enter a date. |  |  | Choose an item. |
|  | Choose an item. |  | Click here to enter a date. |  |  | Choose an item. |
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|  | Choose an item. |  | Click here to enter a date. |  |  | Choose an item. |
|  | Choose an item. |  | Click here to enter a date. |  |  | Choose an item. |

**New Information available since last review (please include what is working well):**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Are the parents/carers and all professionals satisfied that the plan is improving outcomes for the children and family?** | Choose an item. |
| **Comments**  |
|  |

**New actions to be added to the plan:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action** | **Area** | **By Who** | **By When** | **Desired Outcome** |
|  | Choose an item. |  | Click here to enter a date. |  |
|  | Choose an item. |  | Click here to enter a date. |  |
|  | Choose an item. |  | Click here to enter a date. |  |
|  | Choose an item. |  | Click here to enter a date. |  |
|  | Choose an item. |  | Click here to enter a date. |  |

 **Impact Measurement Tool -** On a scale of 1 – 10 where 10 is the best situation, where do you rate each aspect? Use the comments section for areas where disagreements occur

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| **Health** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**How well are things going? 1 2 3 4 5 6 7 8 9 10**  **Comments:**  |
|  **Education** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**How well are things going? 1 2 3 4 5 6 7 8 9 10**  **Comments:**  |
| **Child’s Emotional Development and Families Wellbeing**  |

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| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**How well are things going? 1 2 3 4 5 6 7 8 9 10**  **Comments:**  |
| **Parental Capacity including Social Relationships** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**How well are things going? 1 2 3 4 5 6 7 8 9 10**   **Comments:**  |
| **Environmental Factors - Housing, Finances and Employment** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**How well are things going? 1 2 3 4 5 6 7 8 9 10**   **Comments:**  |
| **Presentation – Self-care and family hygiene** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**How well are things going? 1 2 3 4 5 6 7 8 9 10**  **Comments:**  |

**CONCLUSIONS:**

|  |  |
| --- | --- |
| **Child or young person’s comments on the plan / review actions identified** | **Parent or Carer’s comments on the plan / review actions identified** |
|  |  |

**Does the EHA need transferring to another Lead Professional with parental agreement? YES NO**

**New Lead Professional Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | **Job title:** | **Agency:** | **Email Address:** | **Telephone number** |
|  |  |  |  |  |

 **Can the EHAT be closed: YES NO**

**If NO, agreed Review Date:**

**If YES please give reason for Closure:**

|  |
| --- |
|  |

**Email the final version to the Early Help Coordinator Inbox:**

|  |
| --- |
| East ehcfamilyhubeast@bradford.gov.uk Keighley & Shipley ehcfamilyhubkeighleyshipley@bradford.gov.uk South ehcfamilyhubsouth@bradford.gov.uk West ehcfamilyhubwest@bradford.gov.uk |