**Gateshead CAF Support Plan**

**Gateshead Children’s Trust**

|  |  |
| --- | --- |
| Date of Review |  |

**Details of Children with in the family**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Child 1** | **Child 2** | **Child 3** | **Child 4** | **Child 5** | **Child 6** | **Child 7** | **Child 8** |
| **First Name** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Surname** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date of Birth** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sex** | M[ ]  | F[ ]  | M[ ]  | F[ ]  | M[ ]  | F[ ]  | M[ ]  | F[ ]  | M[ ]  | F[ ]  | M[ ]  | F[ ]  | M[ ]  | F[ ]  | M[ ]  | F[ ]  |
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| **Ethnicity** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Religion** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1st Language** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Disability** |  |  |  |  |  |  |  |  |
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| **P Number Office use only** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- |
| **Address**  |  |
| **Postcode** |  |
| **Telephone Number** |  |

**Details of Parents / Carers**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Parent / Carer** |  | **Parent / Carer** |  | **Parent / Carer** |  | **Parent / Carer** |
| **First Name** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Surname** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Date of birth** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Relationship** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Do they have Parental Responsibility** | Y [ ]  | N [ ]  |  | Y[ ]  | N[ ]  |  | Y [ ]  | N [ ]  |  | Y [ ]  | N [ ]  |
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| **Address if different from above** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Religion** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **1st Language** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Disability** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **P Number** **Office use only** |  |  |  |  |  |  |  |
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**Details of Lead Practitioner**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of person (LP) | Role | Organisation | Address | Telephone Number | Email | Present at review |
|  |  |  |  |  |  |  |

**Team Around the Family**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Role | Organisation | Address | Telephone Number | Email | Present at review |
|  |  |  |  |  |  |  |
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**Review Progress and add any additional assessment information (include voice of the child)**

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**For the first TAF refer to the “Analysis, Conclusion & Next steps section” from the CAF assessment.**

**For subsequent TAF’s refer to the last CAF Support Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Action | Why are we doing this? | Who will do this? | By When | Which longer term outcome is this contributing to:**(Please choose from the drop down box or refer to guidance overleaf if handwritten)** | **Progress****Newly Identified =0****None =1****Limited =2****Some =3**Significant =4Resolved =5 |
| Childs Development Needs | Parenting | Family and environmental |
|  |  |  |  | Choose an item  | Choose an item  | Choose an item  | Choose an item. |
| Review Progress & Goals |
|  |  |  |  | Choose an item  | Choose an item  | Choose an item  | Choose an item. |
| Review Progress & Goals |
|  |  |  |  | Choose an item  | Choose an item  | Choose an item  | Choose an item. |
| Review Progress & Goals |
|  |  |  |  | Choose an item  | Choose an item  | Choose an item  | Choose an item. |
| Review Progress & Goals |
|  |  |  |  | Choose an item  | Choose an item  | Choose an item  | Choose an item. |
| Review Progress & Goals |
| Action | Why are we doing this? | Who will do this? | By When | Which longer term outcome is this contributing to:**(Please choose from the drop down box or refer to guidance overleaf if handwritten)** | **Progress****Newly Identified =0****None =1****Limited =2****Some =3**Significant =4Resolved =5 |
| Childs Development Needs | Parenting | Family and environmental |
|  |  |  |  | Choose an item  | Choose an item  | Choose an item  | Choose an item. |
| Review Progress & Goals |
|  |  |  |  | Choose an item  | Choose an item  | Choose an item  | Choose an item. |
| Review Progress & Goals |
|  |  |  |  | Choose an item  | Choose an item  | Choose an item  | Choose an item. |
| Review Progress & Goals |
|  |  |  |  | Choose an item  | Choose an item  | Choose an item  | Choose an item. |
| Review Progress & Goals |
|  |  |  |  | Choose an item  | Choose an item  | Choose an item  | Choose an item. |
| Review Progress & Goals |

**Can the CAF be closed?**

|  |  |
| --- | --- |
| **Yes** [ ]  | **No** [ ] [x]  |
| **Reason for Closure** (Please choose from the drop down box or refer to guidance overleaf if handwritten) | **Date of Next Review**  |
| All Needs Met | **Time of Next Review**  |
| Any other comments | **Location for Next Review**  |

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| --- |
| Child or young person’s comment on the review and actions identified |
|  |
|  |  |  |
| Parent or carer’s comment on the review and actions identified |
|  |
| I understand the information that is recorded on this form and that it will be stored and shared for the purpose of providing services to [ ]  Me [ ]  Infants, children or young people named in this assessment for whom I am a parent or carer  |
| I agree to the sharing of information, as agreed in order to provide appropriate services | [ ]  Yes [ ]  No |
| If ‘No’, please give details of the people / services you do not want this information shared with, then sign below. |  |
| Young Person  | Date  | **Signed Copy on File** [ ] **Please tick to confirm you have a signed copy on file if sending electrically** |
| Parent / Carer  | Date  |
| Parent / Carer  | Date  |
| Lead Practitioner | Date  |

Copy to Child, Young Person or Family, copy to practitioner and copy (for secure storage) to: CAF Team, Early Help Hub, Gateshead Council,

Civic Centre, Regent Street, Gateshead, Tyne and Wear, NE8 1HH

**Tel - (0191) 433 2764 Fax - (0191) 490 1168**

**E-mail –** **CAF@gateshead.gov.uk** **or** **CAF@gateshead.gcsx.gov.uk**

Please use relevant letter to indicate “longer term outcome” in support plan overleaf

|  |  |  |
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| **Childs Development needs** | **Parenting** | **Family and environmental** |
| A – Improved development (young children) | L – Improved parenting ability | T – Improved Social engagement |
| B – Improved child /young person’s physical health | M – Reduction in safeguarding issues | U – Improved home conditions |
| C – Improved child/young person’s mental health | N – Improved adult physical health | V – Housing |
| D – Improved family relationships | O – Improved adult mental health | W – Reduction in debt |
| E – Improved behaviour | P – Reduction in adult substance misuse (drugs / alcohol) | X – Reduction in adult anti social behaviour / crime |
| F – Improved attendance at school or training | Q – Reduction in domestic abuse |  |
| G – Improved educational attainment | R – Reduction in the need for high cost services |  |
| H – Reduction in anti social behaviour /youth crime | S – Employment |  |
| I – Improved sexual health incl Teenage Pregnancy |  |  |
| J – Reduction in caring responsibilities (young carer) |  |  |
| K – Reduction in child / young person’s substance misuse (drugs / alcohol) |  |  |

Reason for Closure

* All Needs Met
* Family Declined following TAF Intervention
* Moved Out of Area – Closed
* Moved Out of Area – Transferred to new LA
* Transferred to Statutory Social Worker
* Transferred to Disabled Children’s Team
* Transferred to Education Health Care Plan (EHCP met need)
* Transferred to YOT Statutory – Single service