**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 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Ethnicity** |  | |  | |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Religion** |  | |  | |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1st Language** |  | |  | |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Disability** |  | |  | |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **P Number Office use only** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **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 | |
|  | |  |  | |  |  | |  |  | | |
|  |  | |  |  | |  |  | |  |  | | |
| **Address if different from above** |  | |  |  | |  |  | |  |  | | |
|  |  | |  |  | |  |  | |  |  | | |
| **Religion** |  | |  |  | |  |  | |  |  | | |
|  |  | |  |  | |  |  | |  |  | | |
| **1st Language** |  | |  |  | |  |  | |  |  | | |
|  |  | |  |  | |  |  | |  |  | | |
| **Disability** |  | |  |  | |  |  | |  |  | | |
|  |  | |  |  | |  |  | |  |  | | |
| **P Number**  **Office use only** |  | |  |  | |  |  | |  |  | | |
|  | |  |  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |  | | |

**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 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Review Progress and add any additional assessment information (include voice of the child)**

|  |
| --- |
|  |

**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 | Familyand 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 | Familyand 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** |
| **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** |

|  |  |  |
| --- | --- | --- |
| 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**](mailto:CAF@gateshead.gov.uk) **or** [**CAF@gateshead.gcsx.gov.uk**](mailto:childrenscommissioning@gateshead.gcsx.gov.uk)

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

|  |  |  |
| --- | --- | --- |
| **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