**EHA / TAF 6 weekly review and plan for:**

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| **Date:**  |  |
| **Review number:** |  |
| **Date of original EHA:** |  |

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| **Name of the lead worker** |  |
| **Contact email and phone number** |  |
| **If there is a change in the lead worker please provide name, agency & contact details**  |  |

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| **Name of the family** | **Date of Birth** | **How have they contributed to this review?** |
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**TAF Details**

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| **Members of the TAF (insert lines as required)** |
| **Name** | **Agency** | **Contact details** | **How have they contributed to this review?** |
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| **Presenting Issues** – is this still an area of concern? | Y |  | **Presenting issues** - continued | Y |
| 1.1 | Education Attendance <90% |  | 6.2 | Child going missing from home |  |
| 1.2 | Education Attendance <50% |  | 6.3 | Child Sexual Exploitation (CSE) at risk or experiencing CSE |  |
| 1.3 | Education Behaviour including exclusions |  | 6.4 | Child Criminal Exploitation at risk or experiencing |  |
| 1.4 | Child with unmet Special Educational Needs and Disability (SEND) |  | 6.5 | Child experiencing harm outside of the family home |  |
| 2.1 | Expectant or New parent/carers who require support |  | 6.6 | Child Radicalisation - at risk of or affected by |  |
| 2.2 | Child (0-5) Physical health needs not met |  | 7.1 | Adult Anti-Social Behaviour (ASB)/Crime |  |
| 2.3 | Child (0-5) Developmental needs not met |  | 7.2 | Child Anti-Social Behaviour (ASB)/Crime – At risk |  |
| 3.1 | Child Mental Health needs support |  | 7.3 | Child Anti-Social Behaviour (ASB)/Crime |  |
| 3.2 | Adult Mental Health needs support |  | 8.1 | Family affected by domestic abuse (DA) |  |
| 3.3 | Adult or Child Physical Health Issues or learning disabilities needing support |  | 8.2 | Adult Perpetrator of Domestic Abuse |  |
| 4.1 | Adult Drug and/or Alcohol problem |  | 8.3 | Child affected by Domestic Abuse |  |
| 4.2 | Child Drug and/or Alcohol problem |  | 9.1 | Temporary accommodation |  |
| 5.1 | Parents/Carers require parenting support |  | 9.2 | Housing Issues including eviction/at risk of |  |
| 5.2 | Parental conflict |  | 9.3 | 16/17-year-old at risk of or excluded from home |  |
| 5.3 | Child to parent/sibling violence and abuse (children & young people aged 10 & over)  |  | 10.1 | Any adult in the family is workless |  |
| 5.4 | Young Carers needing support |  | 10.2 | Family need support with finances/have unmanageable Debt |  |
| 6.1 | Emotional, physical, sexual abuse, neglect (historic or current) |  | 10.3 | Young person is not in employment education or training (NEET) |  |

**3 Columns - Worries and What’s working well:**

Please record in detail, not bullet points. Use additional sheets if required.

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| **What are we worried about?** | **What’s working well?** | **What needs to happen?** |
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| **Danger Statement:**  | **Safety Goal:**  |

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| **How have you included the voice of all the children? (VOC) -** See VOC tools on the North Tyneside Early Help website - <https://my.northtyneside.gov.uk/category/500/early-help> |
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**Scaling**

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| **On a scale of 0 – 10, where 10 means we are not worried at all about this situation and 0 means we are very worried, I currently rate the situation at:** |
| Name of person scaling: | Number scaled at: | Reason for that number: |
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**Please remember this should be completed individually with everyone involved in the family.**

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|  **Action Plan** |
| **Which presenting issue does this link to?** | **What needs to happen?** | **Who will do this?** | **When will this happen by?** | **Has this action been completed?** |
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(Include the *specific* actions required to meet the needs identified in the 3 columns, including details of actions relating to individual family members and who will carry them out)

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| **If you are completing an EH Review with a further TAF arranged we do not require signatures from parents/carers.****As the lead worker for the EHA please can you add your handwritten signature to confirm the family have been given a copy of this EH Review and have contributed to and agreed the content of this plan.**  |
| Lead Worker’s signature:  |  | Date: |  |

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| **Next Review Date:** |  |

**EH EXIT**

**If this is your exit, please complete the ‘Reason for Closure’ and ‘Signature’ tables below:**

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| **Reason for Closure:** |
| **EHA / TAF closed due to all needs being met** | **Yes/No** |  |
| **EHA / TAF closed due to most needs being met and a single agency will continue support** | **Yes/No** |  |
| **EHA / TAF closed due to transition to Social Care.** | **Yes/No** |  |
| **EHA / TAF closed as the family have moved out of area** | **Yes/No** |  |
| **EHA / TAF closed for another reason (please specify)** | **Yes/No** |  |

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| **Signatures to confirm the family and TAF have agreed the EHA will close:** |
| Child/young person’s signature: |  | Date: |  |
| Parent’s/Carer’s signature:  |  | Date: |  |
| Lead Worker’s signature:  |  | Date: |  |