**This form should be completed following a discussion with your EIP Link Worker. You must provide details of the child and their family 2 weeks prior to the Team around the Early Years (TAEY) meeting to allow sufficient time for partners to review their case recording systems.**

**Wakefield Families Together**

**Team around the Early Years Request for Support Form**

All concerns must always be discussed with the family with an explanation of how the Team around the Early Years could provide a package of support when families are finding times hard and have difficulty coping, which may include routines/boundaries, neglect, financial hardship & housing needs, domestic abuse/ parental conflict, substance misuse, mental health or other health concerns.

If a family would like to accept the offer of support, please explain that the TAEY is made up of professionals from the Early Intervention & Prevention Service, Health Visitor and EYs Area SENCo. Explain that professionals will share their records to inform discussions so that, a whole family support package can be identified. Inform the family that they can withdraw from the support provided at any time.

* **Please tick to confirm that the concerns have been discussed with the family they have agreed to a TAEY Meeting**

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| --- | --- |
| **Name of Nursery/ Childminder / Health Visitor:** | **Date of request for Support:** |
| **Staff / Practitioner Name:** | **Telephone & email address:** |

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| --- | --- | --- | --- |
| **Child’s Name:** | **DOB** | **Address and contract details:** | **Ethnicity:** |
| **Parent/ carer name (if different):** |  |  |  |
| **Parent/ carer name (if different):** |  |  |  |
| **Sibling:** |  |  |  |
| **Sibling:** |  |  |  |
| **Sibling:** |  |  |  |
| **GP & address of surgery:** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What are you worried about?** | **What’s working well?** | **What would help to progress this concern?** | | |
| **What does the child/family need help with?** | **What is the family’s strengths?**  **What support network do the family have?** | **What have you already tried?**  **What impact did this have?** | | |
| **Parents views:**  **Observations of the child:** | | | | |
| **Meeting notes – Decisions, Allocation & Agreements – Record live on to Liquid Logic (if possible)** | | | | |
| **Date of Meeting:**    **Attendees:** | | | | |
| **Headline information discussed/shared in the meeting:** | | | | |
| **Family Plan (details of support)** | | | **Who will do this?** | **Timescale** |
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Key Worker identified: Contact Details:

**Closure** (when support is completed or ended) Closure date:

All actions completed Actions partially completed Family withdrew consent Family moved out of area Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_