multi-ageNcy support plan

Team Around Me (TAM) or Team Around Family (TAF)

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| **This plan is for (include as many children/young people who are relevant to this plan):** | | | | | | | | | | | **If child/YP has SEND please state priority needs on scale of 1-4. 1 = primary need** | | | | |
| Communication  & Interaction | | Cognition  & Learning | Social, Emotional  & Mental Health | Sensory and/or Physical needs |
| **Name:** |  | | | | | | **Date of birth:** | |  | |  | |  |  |  |
| **Name:** |  | | | | | | **Date of birth:** | |  | |  | |  |  |  |
| **Name:** |  | | | | | | **Date of birth:** | |  | |  | |  |  |  |
| **Date of Meeting**: | | |  | | | | **Time**: |  | | | **Is this a review?** | |  | **Date of previous meeting**: |  |
| **Present at meeting**: | | | |  | | | | | | | | | | | |
| **Apologies**: | |  | | | | | | | | | | | | | |
| **Current Lead Professional**: | | | | |  | | | | | | | | | | |
| **Discussion Points:** | | | | | | | | | | | | | | | |
| **Child/ Young person’s story/interests/aspirations** (attach one page profile):  **Parents’/ carers’ aspirations for child/young person**: | | | | | | | | | | | | | | | |
| **Education Needs – including strengths and any education needs (for SEND attach relevant evidence e.g. IEP:**  **Health Needs** **– including strengths and any health needs** (for SEND attach relevant evidence e.g. medical report):  **Care Needs – including strengths, family environment and social care support** (for SEND consider discussion around short breaks:  **Other** | | | | | | | | | | | | | | | |
| **Date and time of next meeting:** | | | | | |  | | | | **Venue:** | |  | | | |
| **Lead Professional agreed at meeting:** | | | | | |  | | | | | | | | | |
| **Lead Professional’s signature:** | | | | | |  | | | | | | | | | |
| Lead Professional to check box to confirm that this plan has been discussed and agreed by the child/young person, parent/carer and relevant professionals | | | | | | | | | | | | | | | |
| We recognise that the information contained within this or in the document(s) attached is confidential and therefore I have checked this to ensure accuracy.  Please be assured that Plymouth City Council takes every step to guarantee that information is kept safe and secure. | | | | | | | | | | | | | | | |

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| multi-agency support plan | | | | | | | | |
| **Name**: |  | | **Date plan written**: | |  | | **Date of review:** |  |
| **Desired outcome 1.** | | | | | | | | |
| **How will we know if we have achieved the outcome?** | | | | | | | | |
|  | | | | | | | | |
| **Support/provision/equipment/strategy required to achieve this outcome. What will we do and how?** | | **Who will provide/monitor this support?** | | **By when?** | | **At review:** | | |
| **Was this achieved?** | | |
|  | |  | |  | |  | | |
| **At review: How well did we succeed with outcome/next steps?** | | | | | | **Was this outcome achieved?** | | |
|  | | | | | | **Yes No** | | |

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| **Name**: |  | | **Date plan written**: | |  | | **Date of review:** |  |
| **Desired outcome 2.** | | | | | | | | |
| **How will we know if we have achieved the outcome?** | | | | | | | | |
|  | | | | | | | | |
| **Support/provision/equipment/strategy required to achieve this outcome What will we do and how?** | | **Who will provide/monitor this support?** | | **By when?** | | **At review:** | | |
| **Was this achieved?** | | |
|  | |  | |  | |  | | |
| **At review: How well did we succeed with outcome/next steps?** | | | | | | **Was this outcome achieved?** | | |
|  | | | | | | **YesNo** | | |

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| **Name**: |  | | **Date plan written**: | |  | | **Date of review:** |  |
| **Desired outcome 3.** | | | | | | | | |
| **How will we know if we have achieved the outcome?** | | | | | | | | |
|  | | | | | | | | |
| **Support/provision/equipment/strategy required to achieve this outcome What will we do and how?** | | **Who will provide/monitor this support?** | | **By when?** | | **At review:** | | |
| **Was this achieved?** | | |
|  | |  | |  | |  | | |
| **At review: How well did we succeed with outcome/next steps?** | | | | | | **Was this outcome achieved?** | | |
|  | | | | | | **YesNo** | | |

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| **Name**: |  | | **Date plan written**: | |  | | **Date of review:** |  |
| **Desired outcome 4.** | | | | | | | | |
| **How will we know if we have achieved the outcome?** | | | | | | | | |
|  | | | | | | | | |
| **Support/provision/equipment/strategy required to achieve this outcome. What will we do and how?** | | **Who will provide/monitor this support?** | | **By when?** | | **At review:** | | |
| **Was this achieved?** | | |
|  | |  | |  | |  | | |
| **At review: How well did we succeed with outcome/next steps?** | | | | | | **Was this outcome achieved?** | | |
|  | | | | | | **YesNo** | | |