

# Carmarthenshire

## Joint Assessment Family Framework (JAFF)

### PART 1

# Request for Support



Ariennir yn Rhannol gan  
Lywodraeth Cymru  
Part Funded by  
Welsh Government



For office use only:-



CARE FIRST ID	NAME & SURNAME	D.O.B.	AGE	RELATIONSHIP



# Team Around the Family (TAF) in Carmarthenshire



## Information for families

Children, Young People and their Families sometimes need a little extra help for happy, healthy and successful lives. A TAF approach can pull the right people together to help you.

## What TAF is all about...

It's about talking about strengths as well as areas that could be improved

It's about getting you the right help at the right time

It's about bringing the right people together who can help into your Team Around the Family

It's about working with you, because you are an important member of that team

It's about listening to you and giving you the right choices

TAF is all about making life better for you and your family

## What sort of things can a TAF approach help with?

- Parenting stresses and problems
- Difficulties in accessing services
- Signposting families looking for support

**TAF is VOLUNTARY and you can say NO at any time**

## If you think TAF can help you, you can:

Speak to someone who is already working with you **OR**

Speak to your child's school **OR**  
Contact the Family Information Service



Gwasanaeth Gwybodaeth i Deuluoedd  
Family Information Service

## Family Information Service

Telephone: **01267 246555**

FIS text service: Please start your message with 'Children' and send to **07786 202747**

email: [taf@carmarthenshire.gov.uk](mailto:taf@carmarthenshire.gov.uk)

[fis.carmarthenshire.gov.wales/team-around-family/](https://fis.carmarthenshire.gov.wales/team-around-family/)



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# Consent



Personal information processed by Carmarthenshire County Council is done so in accordance with Data Protection legislation. Your information will be kept secure at all times and only used with your full knowledge and consent. In certain circumstances Carmarthenshire County Council may be required to share your information without your consent, for example where legally required to do so to protect an individuals' safety, or to prevent fraud etc.

Carmarthenshire County Council will use the information contained within this form for the purpose of delivering the TAF service to you. This may involve sharing your information with partner organisations to do so.

If you would like further information about how the TAF service is delivered or have any specific queries in relation to how your information is processed, please contact the team on:

Telephone: **01267 246555**

Text: Please start your message with '**Children**' and send to **07786 202747**

Email: **TAF@carmarthenshire.gov.uk**

Web: **fis.carmarthenshire.gov.wales/team-around-family/**

I confirm that I have read and understood the information contained within this form and consent to Carmarthenshire County Council processing my information for the purpose of delivering the TAF service to me/my family.

Signed (Parent/Carer)	Print Name	Date

Signed (Young Person if applicable)	Print Name	Date

Your attendance at the TAF Panel is not required. However if you wish to be present, the necessary arrangements can be made. Please tick this box if you would like to attend the TAF Panel. ☐

**Request for support cannot be accepted without either written or verbal consent on the JAFF Part 1**

**Please note the date if verbal consent gained.**



# Child/Young Person's Details



Please complete all that is applicable. Fields marked \* are MANDATORY.

Please state who is completing this form:

Parent/Carer

☐

Young Person

☐

Practitioner/Professional

☐

Name of Child or Young Person (under 25)*		Contact Details of Parent/Carer or Young Person if relevant *	Home:
Date of Birth of Child / Young Person*			Mobile:
Previous TAF Support Yes/No TAF No if known		Gender of Child / Young Person	Email:
Preferred language		Main address inc postcode*	
Preferred correspondence language		Free School Meals*	
Name of GP Practice		Name of school, college or setting	
Name of Dental Practice		Name of Health Visitor or School Health Nurse	

Do you consider that the person named above has a disability? If YES, please provide additional information how this affects the Child/Young Person	Y / N	Details
Has the person named above been diagnosed? If yes, please state diagnosis	Y / N	Details
Is the person named above receiving any additional support for their learning at school/college?	Y / N	Details

The **Special Educational Needs and Disability Act** defines a disability if a person 'has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities'. 'Special needs' is defined as someone that has significantly greater difficulty in learning than the majority of pupils of his/her age.

# Person raising the request (e.g. parent, carer, professional, young person)



Name	
Address	
Contact phone no	
Email address	
Professional's Details Job title/role (if applicable)	
Agency	
Lone working risks	

Please note: if this form is being submitted electronically by a practitioner/professional please confirm your agency holds the original signed copies

Yes ☐ No ☐

[illegible]

What support have individual family members previously received, currently receiving, or waiting to receive? Can you explain how this is going/went?



Family member	Currently	Previously	Waiting for



To help us understand what matters to you and your family, can you tell us what your family strengths are, please complete in as much detail as possible

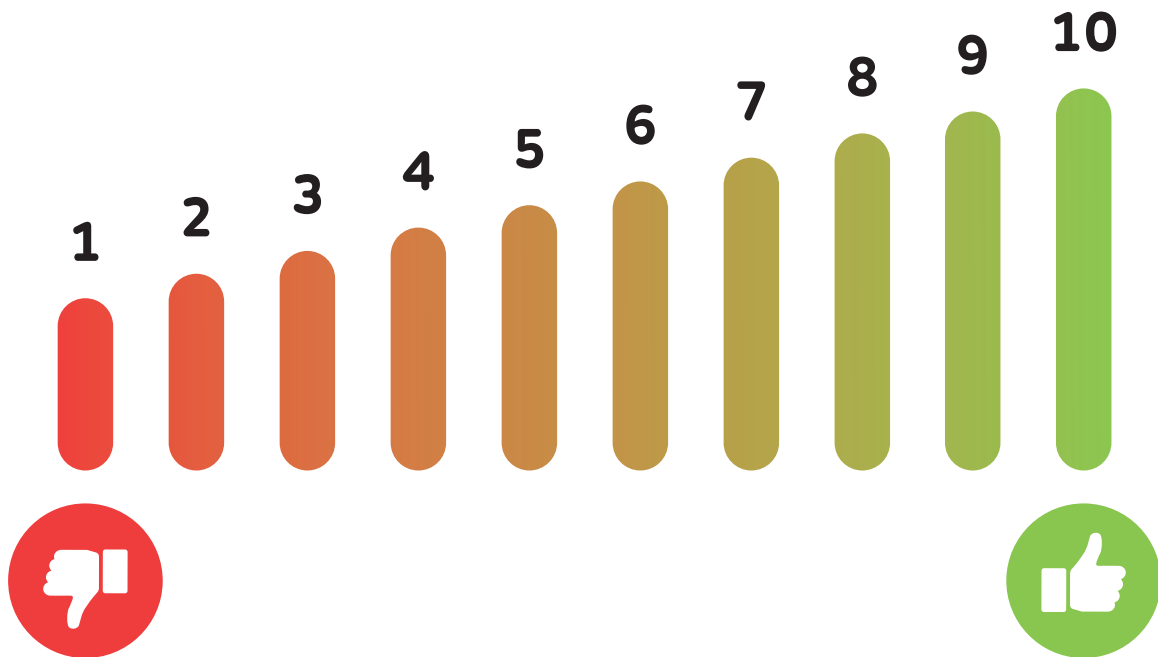


Who's view?	What is working well?	What are you worried about? What could be better?	What are your best hopes? How can we help?
Family's view			
Professional's view (if applicable)			

At this moment how happy do you  
and your family feel?



Please circle a number below...



**Thank you for completing this form, we will respond within 10 working days of receipt.**

Please return this form to your child's school or the person who assisted you to complete the form or email to:

TAF@carmarthenshire.gov.uk

Or post to

Team Around the Family

Carmarthenshire County Council

Building 2

Parc Dewi Sant

Jobs Well Road

Carmarthen

SA31 3HB