

Carmarthenshire Joint Assessment Family Framework (JAFF)

PART 1

Request for Support



Ariennir yn Rhannol gan
Lywodraeth Cymru
Part Funded by
Welsh Government



Cyngor Sir Gâr
Carmarthenshire
County Council



| Care First ID | Name & surname | D.O.B. | Age | Relationship |
|---------------|----------------|--------|-----|--------------|
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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...

Talking about strengths as well as areas that could be improved.

Getting you the right help at the right time.

Bringing the right people together who can help into your Team Around the Family plan.

Working with you, because you are an important member of that team.

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?

- Communication and emotional health within families.
- Identifying, signposting and coordinating appropriate support.
- Helping to build links within the community.

TAF is VOLUNTARY and you can say NO at any time

If you think TAF can help you, you can:
Speak to your GP or Health Professional
OR the Class Teacher/Head Teacher of your child's school **OR** contact the Family Information Service.



Gwasanaeth Gwybodaeth i Deuluoedd
Family Information Service

Family Information Service

Telephone: **01267 246555**

Early Help Hub

Telephone: **01554 742277** or
email: EarlyHelpHub@carmarthenshire.gov.uk



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



| Professional Referrer Details | |
|---------------------------------------|--|
| Name | |
| Address | |
| Contact phone No. | |
| Email address | |
| Professional's Details & Job Title | |
| Agency | |
| Lone working risks | |
| DATE: | |

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

Yes ☐ No ☐

| Parent/Carer No.1 Referrer Details | |
|------------------------------------|--|
| Name | |
| Address | |
| Contact phone No. | |
| Email address | |
| DATE: | |

| Parent/Carer No.2 Referrer Details | |
|------------------------------------|--|
| Name | |
| Address | |
| Contact phone No. | |
| Email address | |
| DATE: | |

Child/Young Person's Details



Child/Young Person's Details

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

| | | | |
|---|--|--|--|
| Name of Child/ Young Person (under 25)* | | Address & post code* | |
| | | Gender: | |
| Date of Birth of Child/Young Person* | | What pronoun does child/Young Person prefer? | |
| Preferred Language | | Contact Details of YOUNG PERSON if relevant. | |
| Is an interpreter required? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Mobile: | |
| GP Practice | | Email: | |
| | | Name of School/ College/EHE (Elective Home Educated) | |
| Dental Practice | | Health Visitor Name 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 | <input type="checkbox"/> | Details | |
| Has the person named above been diagnosed? If yes, please state diagnosis | <input type="checkbox"/> | Details | |
| Is the person named above receiving any additional support for their learning at school/college? | <input type="checkbox"/> | Details | Date of Diagnosis |
| | | | |

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.

Key Family Members



| Full name | Relationship to Child/ Young Person | D.O.B. | Gender | Name of School, Nursery, other | Disability/Health Issue/Additional Learning Needs (ALN) | Household member Y / N |
|-----------|--|--------|--------|-----------------------------------|--|------------------------------|
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Family’s View

Parent/Carer wish to attend TAF ADHD Group ONLY

Please tick YES☐

| What is working well? | What are you worried about? What could be better? | What are your best hopes? How can we help? |
|-----------------------|--|---|
| | | |

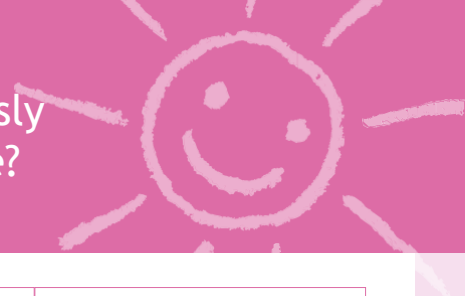
Professional’s View:

| What is working well? | What are you worried about? What could be better? | What are your best hopes? How can we help? |
|-----------------------|--|---|
| | | |

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.



What support have individual family members previously received, are currently receiving, or waiting to receive?



| Support Waiting for | | | | |
|-----------------------|--|--|--|--|
| Previous Support | | | | |
| Current Support | | | | |
| Name of Family Member | | | | |

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: 01554 742277
Email: EarlyHelpHub@carmarthenshire.gov.uk

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 1) | Print Name | Date |
|--|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signed (Parent/Carer 2) | Print Name | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signed (Young person if applicable) | Print Name | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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.

☐

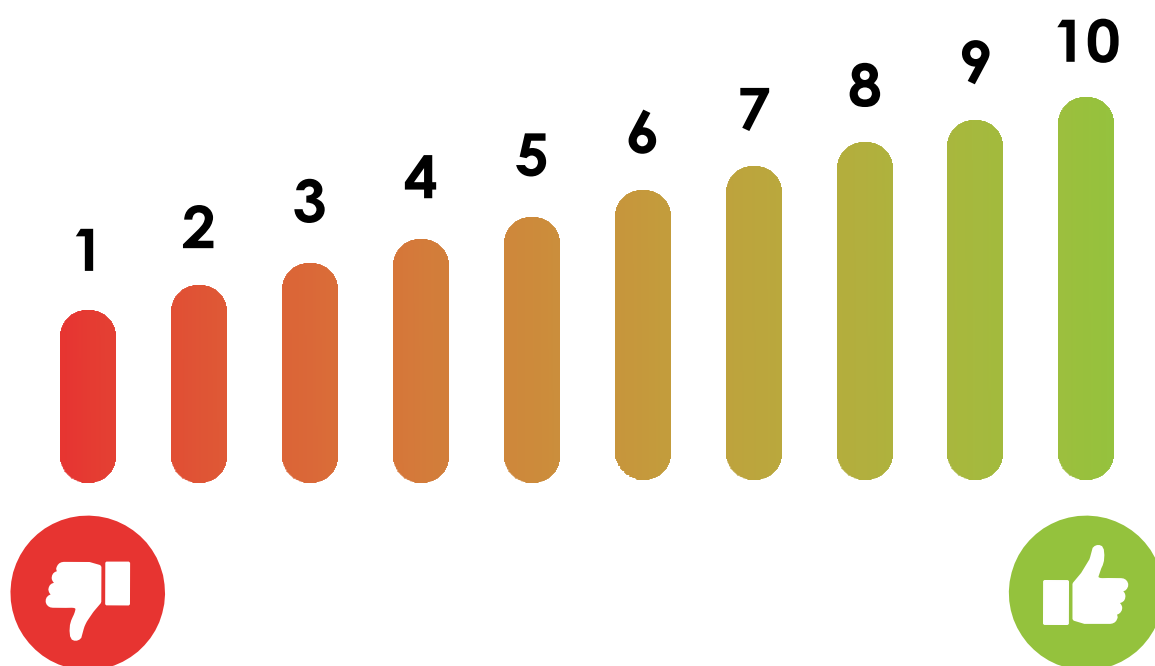
Request for support cannot be accepted without either written or verbal consent on the JAFF Part 1

Please note the date if verbal consent gained.

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



Please circle a number below...



Thank you for completing this form, we aim to 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:
EarlyHelpHub@cardiffshire.gov.uk

Or post to
Early Help Hub
Old Morfa Infants School
New Road
Morfa
Llanelli
SA15 2DQ
Telephone: 01554 742277