**Team around the Family (TAF) Review**

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| --- | --- | --- | --- |
| **Child/Young Person’s Name:** |  | **DOB:** |  |
| **Lead Professional (LP):** |  | **Agency:** |  |
| **LP contact details:** |  |  |  |

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| **Discuss how things are going and reflect on the progress made so far. Think about what is needed next.** |
| **Date of TAF Review:**  **Review No:**  **Venue:**  **Attendees:**  **Apologies:**  **Professional Reports Provided:** |
| **What has gone well so far? What positive changes have we seen?**  Child’s or young person’s view:  Family’s view:  Professional’s view:  Educational Setting’s view: |
| **What are we still concerned about? What is keeping these issues going?**  Child’s or young person’s view:  Family’s view:  Professional’s view:  Educational Setting’s view: |
| On a scale of 0-10 please capture family and professional views at point of review  *Child, young person, family and all professionals should score*   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Complex issues or emerging crisis** | | | **Emerging /de-escalating issues or concerns** | | | **Recognising things are going well** | | | | | | Person rating/Score | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | | **Young Person** |  |  |  |  |  |  |  |  |  |  |  | | **Family** |  |  |  |  |  |  |  |  |  |  |  | | **Lead Professional** |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Are we planning to close the Team Around the Family? Yes/No**  ***(once digital, If no, action plan below appears, if yes nothing further required)***  Child’s or young person’s view:  Family’s view:  Professional’s view:  Educational Setting’s view:  Who is the Lead Professional?  *Name, role and contact details*  Next TAF Review Date: |

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| **Early Help Plan**  **Arranging an initial Team around the Family Meeting allows the family to meet with the professionals involved in supporting them, to produce a plan to help them achieve their goals.**  **Summarise all actions in this section. Please use a new line for each action and deadline. You can leave sections blank if you agree there are no actions needed. Deadlines and names can be updated after referrals if necessary.**  Outcomes should be linked to the reason why the Plan was started. | | | | | |
| **Outcome** | **What needs to happen?** | **Who needs to be involved?** | **By when?** | **Status** | **Outcome achieved** |
| Actions |
| Family members have their developmental, physical and mental health needs met |  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
| Children and young people are accessing their full entitlement to education |  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
| Family members are safe from crime, exploitation and ASB |  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
| Parents and carers feel well-supported, skilled and confident in their parenting |  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
| Family members are free from parental conflict, domestic abuse and violence |  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
| Any other actions |  |  |  | Choose an item. | Choose an item. |