**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*

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|  | **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** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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| **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. |