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**Our Family Plan - Review (TAF)**

**Thriving children, fulfilling their dreams,** **supporting families**

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| --- | --- | --- |
| **Family Name** |  | **Meeting Attendees and Apologies** |
| **Date** |  |  |
| **Lead Professional** |  |

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| **Team Around the Family Review** |
| **What did you want to change?**(from the previous plan)Consider behaviours that have been harmful, when did it start? When did it last happen and how has this impacted on child? | **What has worked well? What are we still worried about?**Actions taken by the family/professionals/support networkWhat have we been doing to address the worries?Are there any new worries? | **Where would you scale things today in relation to this worry? 0 -10****0 – very worried 10 -no worries** |
|  | **Child/Young Person** |  |  |
| **Parent/Carer** |  |  |
| **Practitioner** |  |  |
|  | **Child/Young Person**  |  |  |
| **Parent/Carer** |  |  |
| **Practitioner** |  |  |
|  | **Child/Young Person** |  |  |
| **Parent/Carer** |  |  |
| **Practitioner** |  |  |
|  | **Child/Young Person** |  |  |
| **Parent/Carer** |  |  |
| **Practitioner** |  |  |

**When will TAF Plan next be reviewed? (Provide a date as a minimum every 3 months; but as often as required). Please explain if this is going to be delayed and give a reason for the delay.**

**Date of the next TAF meeting…………………………………………………..**

**Please attach any supporting documents Pastoral Plans, Support Plans and tools which you may have used to complete the voice of the child with the completed TAF Plan Review (inc Appendix) and emailed to:** **EarlyHelp@redcar-cleveland.gov.uk**

**It will be stored on the RCBC Early Help Module database and a case note recorded stating which agency has completed the TAF Plan Review.**

**This is not a referral form but a plan to help you coordinate services for a child/family.**