# **Our Team Around the Family Plan (TAF)**

Family name-

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Time | Venue/Virtual | Co-ordinator |
|  |  |  |  |

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| --- | --- | --- | --- |
| Name of one child | DOB of the child | House number | Postcode |
|  |  |  |  |
| Initial TAF | Review TAF | Final TAF |
|  |  |  |

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| --- | --- | --- | --- | --- |
| Family members | Relationship in family | Did they attend? |  Views gained? | Ethnicity |
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| Lead Practitioner name:  |

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| Practitioners name | What is their role? | Contact details | Did theyattend? | Did they provide a report? |
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# For details on how Essex County Council uses the information that is collected about you and further information about your rights under the General Data Protection Regulation 2016 please visit [www.essex.gov.uk/privacy](http://www.essex.gov.uk/privacy)

# **Parent statement. I have read and understand the privacy statement**  YES/NO

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| --- |
| Views of all family members including the child/young person (*family members* *present & not present, what are your main concerns)* |
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| What do we all feel is going well? What has worked before? (*Include views of family as well as practitioners*)(*Please consider health and well-being, finances, school life and home life*)  |
|  |

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| What are we all worried about? *(include views of family as well as practitioners)*(*Please consider health and well-being, finances, school life and home life*) |
|  |
| What do we all feel the priorities are that need to change? *(include views of family as well as practitioners - consider short term and long-term priorities)*  |
|  |
| Please record on a scale of 0 to 10 the family and TAF members view of the current situation for the child/ren with 0 being as bad as it can be and 10 being child/ren provided with stable and consistent care and accessing universal services.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

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| --- | --- | --- |
| Next Steps/Further Action | By Who? | By When? |
|  |  |  |
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| --- | --- |
| Review Date/Time:  | Venue:  |
| Has a new Lead Practitioner been appointed?   | Contact details of Lead Practitioner  |

***I/We agree this information is an accurate summary of my/our family’s situation,***

***we agree with the family plan and the actions we and others have agreed to and authorise this plan to be shared with others who have actions.***

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| --- | --- | --- |
| Name of family member(s) | Signature | Date |
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| Name of Practitioners supporting the family | Signature | Date |
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