

Team Around the Family (TAF) Review and Closure



Assessment Start Date:	Assessment completion Date:	Author Name:		Co-Author Name:	
		Author Service:		Co-Author Team:	
		Author telephone:		Co-Author telephone:	
		Author email:		Co-Author email:	

TAF Meeting Date:	Meeting Number:	Date of Previous Meeting:	If meeting not held when planned, date of original planned meeting:	Reason meeting not held when planned:	Is this meeting a review or closure?

Family Details:

Name:	DOB/ EDD	Relationship:	Gender:	Address:	Post Code:	Parental Responsibility	Ethnicity:	Telephone:	Email:
			Choose an item.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		
			Choose an item.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		
			Choose an item.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		
			Choose an item.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		
			Choose an item.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		

Family members and Professionals invited to the meeting:

Name	Role	Contact details	Present at meeting?

Review of previous actions:

Action 1:	Completed:	By who?
Action 2:	Completed:	By who?
Action 3:	Completed:	By who?
Action 4:	Completed:	By who?
Action 5:	Completed:	By who?
Action 6:	Completed:	By who?

Where are we now?

Please detail the meeting discussion including update from family and professionals on what is going well, what is not going so well and what needs to happen next. Please ensure you include the voice of the child/ young person.

Identified needs from this TAF: *Please detail to whom these needs relate to, whether they are met, unmet or newly identified.*

Abuse (emotional/ physical/sexual):	Adult has drug/alcohol misuse:	Young Carer:
Neglect:	Child has drug/alcohol misuse:	Families not in sustainable housing/ at risk of homelessness:
Anti-Social Behaviour:	Adult mental health:	Adult perpetrator of domestic abuse:
Child to parent violence:	Child/ young person mental health:	Young people who have been excluded from the family home: (edge of care)
Child criminal exploitation:	Risk of Not Education Employment Training (NEET):	Radicalisation:
Child sexual exploitation:	Neurodiversity:	Unemployment/ workless
Communication/ Sensory Needs:	Physical health needs not being met:	School Attendance:
Physical disabilities:	Expectant/ new parents who need additional support:	Teenage pregnancy:
Child developmental needs not being met (0-5s):	Child missing from home:	Online Safety:
Child/ Young Person Mental Health:	Child experiencing harm outside of home (peer to peer abuse/ bullying/ harassment):	
Child/ family affected by domestic abuse:	Parenting:	
Debt/ financial difficulties:	Parental Conflict:	

What do we want to achieve?	How are we going to do it?	Who is going to do it?	When by?

Identified level of need and identified actions from TAF.

From the information obtained during this TAF please identify which level of need you have identified and detail why you have chosen this level of need. *Please refer to Warrington's continuum of need document to support your decision. If identified at level 1 and/or all actions met please complete closure below.*

Level 1	Level 2	Level 3	If completing this TAF and the identified need is level 4 please complete a MARS form to refer to children's social care in line with safeguarding procedures. MARS
<i>Please complete closure below.</i>	Detail decision:	Detail Decision:	Detail Decision:

Details of Next TAF:

Date:		Time:		Location:	
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Reason for Closure

Young Person/ Family withdrew from support. Please detail below:	Young Person/ Family moved to another local authority. Please detail below:	Needs Met	Needs Unmet	Stepped up to Children's Social Care

Please detail your contingency plan following closure:

Is there a change of lead professional?		If Yes, details of new lead professional			
		Name	Job Title	Service Area	Contact Details
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Please email you completed paperwork to the Early Help Support Team at:

earlyhelpsupport@warrington.gov.uk

For help or support please contact The Early Help Support Team on:

01925 443136

earlyhelpsupport@warrington.gov.uk