**Team Around the Family Closure Summary**

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| **Date of closure**  | **Date TAF started** | **Date of last review** |
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| **Name of the child** | **Date of birth**  | **Does the child have a disability?**  | **Did child attend the meeting?** | **Name of the parent with PR**  |
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| **Name of the lead professional**  |  |
| **Contact Details**  |  |

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| **Team attending todays review**  |
| **Name**  | **Role/Agency**  | **Contact details**  | **Invited?** | **Attended?**  |
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| **Original reason for opening TAF**  |
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***Reason for Closing TAF.***

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| **Closure Summary** *Please select the overall reason for Team Around the family closure* | Yes/No | **Comments** *How will the family continue to support the child?* | **Family Agreement** |
| Team Around the Family closed due to all needs being met. |  |  |  |
| Team Around the Family closed due to most needs being met and a single agency will continue support  |  |  |  |
| Team Around the Family closed due to ‘step up’ to Social Care |  |  |  |
| Team Around the Family closed due to family moving out of the area  |  |  |  |
| Team Around the Family closed due to child or family withdrawing consent  |  |  |  |
| Team Around the Family closed for another reason (please specify)  |  |  |  |

***Final Scaling***

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| TAFMember's Scaling. | **0 1 2 3 4 5 6 7 8 9 10** |  |
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| **0 =** We have not been able to meet the child/young person's needs. **If any member of the TAF scales at a 0 please contact your Early Help link worker immediately for support prior to submitting the closure summary TAF@nelincs.gov.uk** | **10 =** We are so pleased that this child's family and safety network are now confidently managing their child's needs without any specific support. The child and young person feels listened to and supported. Any issues have been effectively dealt with, and the TAF has been very effective. The outcomes for the child/young person are excellent, and sustainable. |

***How effective has the Team Around the Family been in improving life for you?***

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| --- | --- |
| How do you feel as your TAF closes? What's changed?What has been the best part of this?What has been the worst part?How did the Lead Professional and your family make sure you were a strong part of the TAF?  | Did it do what you needed it to do? Is there anything you would have liked to have been different? Why?What will you take with you as you move forward? What help do you need to make this happen? |
| **Child/Young Person’s Views**  |
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***How effective has the Team Around the Family been in improving life for your child/young person?***

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| --- | --- |
| * What's changed through working with the TAF? How has this made a difference to your child and family?
* What would you say was the one thing that made the biggest impact on your child and family?
 | * How did the TAF journey feel for you and your family? What would you want to change, why?
* What will you take forward with you to build on the progress, once the TAF has closed?
* Would you recommend Team Around the Family to someone else? Why?
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| **Parent(s)’/Carer(s)’ Views**  |
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***How effective has the Team Around the Family been in improving life for this child/young person?***

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| --- | --- |
| * What has changed for the child/young person and their family through their TAF? How do you know?
* What barriers, if any have you found in this TAF in making a difference for the child/young person? How can these continue to be overcome as TAF closes to sustain progress for the child?
 | * What would you say was the most powerful part to the success of this TAF?
* Lead Professional, did you access support from an Early Help link worker in your role?
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| **Professionals’ Views** |
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***Closure Agreement***

**We agree to close …………………………………………………………………(child's name) and we have agreed a plan moving forward for the child/young person and their family. (Please use the Child and Family Progress Plan, where appropriate)**

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| Child  | Parent/carer | Lead Professional  |
| Signature | Signature | signature |
| Date | Date | Date |