

 **Team Around the Family Review**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Date** | **Lead Professional** |  **Name of Child/ Young Person**  |  **Contributed to plan** |
|  |  | ***Please include date of birth***  |  |
| **Attendees** | ***(Record all those that are in attendance including the name of the organisation they are representing. In addition, please include names of family members/ carers and family support networks such as friends)***  |
| **Apologies**  | ***(Record all those that were invited to the review but are unable to attend)*** |
|  **Actions / plan identified from Previous Early Help Assessment or Review**  |  **Completed or Ongoing**  |
| ***(Copy and paste actions from the previous plan, this will enable you to review at the meeting to get updates and record the impact interventions are having. Please include the date that this was completed).***  |  |
| **Are there any new worries/ concerns?** | **How will they be addressed/ actioned and who is responsible?**  |
|  |  |
| **What is going well?** *(Celebrate successes/achievements)* |  |
| **Voice of the Child/ Young person***Always use the exact words of the child, young person if they aren't attending in person – this doesn't have to be the Lead Professional who provides this, it can be anyone attending the meeting.* *If any direct work has been completed which shows the child voice, please attach/bring to be discussed*  |
|  |

**Next Steps**

**What are the family and their networks doing to support the plan?**

|  |  |  |
| --- | --- | --- |
| **Name** | **What will they do to support the child/family** | **Timescale/When will they do this by?** |
|  |  |  |
|  |  |  |
|  |  |  |

**What are School/Health/Partner Agencies doing to support the plan?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Role/Agency** | **How often will they see the child/adult?** | **What will they do to support the child/family?** | **Timescale/When will they do this by?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Has this plan been shared with the child/young person?**  |  |

|  |  |
| --- | --- |
| **Date/time and venue for next review:**  |   |