

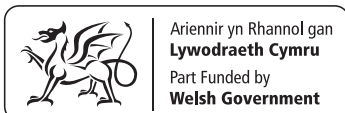
# Carmarthenshire

Joint Assessment Family Framework (JAFF)

## PART 3

# Planning, Review & Closure

For single and multi-agency support



# Family / Young Person Information (Key worker to complete)



**Please ensure part 2 is with you when you complete part 3**

CARE FIRST ID	NAME & SURNAME	D.O.B.	AGE	RELATIONSHIP

**Single agency case / Family No**.....

**Allocated TAF No**.....



TAF No: .....

Date plan completed: .....

Single agency case No: .....

Who is needed for this plan?	Available:	Yes	No	If No, why?

GOAL 1: Please breakdown outcome into smart (smaller step) outcomes	Simple, measurable, achievable, relevant and TARGETED (SMART)					
	What needs to be done?	How can you do this?	Who will help you do this?	By When?	Imagine what this will look like for you?	Goal Achieved Y/N

Signature of Parent / Young Person .....

Date .....

Signature of Key Worker .....

Review Date .....





For optional use by Key Worker and family as an aid to achieving small steps on the path to achieve outcome

Time	Small steps achieved	Progress towards achieving goal with support	Referred to support services by family / TAF
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8 - 1st Review			

TAF No ..... Care First No ..... Single agency case No ..... Date Completed .....

For the review please look back at the plan & mark plan with achieved Y/N. If carrying forward a goal, restate in the review plan. Add new goals to the review plan as required ensuring they are SMART 'small, measurable, achievable, realistic and targeted'. If you have achieved the goal it no longer is part of the plan.

SMART existing goal and for who?	If this is an existing or an on-going goal, what needs to happen now? What needs to change? Who will help and by when? What worked?	Have we done it Y/N
New Goals		



Please use the box below to add any information you feel may be useful following the review

**Email to TAF inbox within 5 working days of review undertaken**

Feedback from family on the plan / review

Signature (Parent/Carer or Young Person as applicable): .....

Signature of Key Worker .....

Is the case:- Remaining Single agency: Y  N  Remaining Multi agency: Y  N  Stepping up to M/A: Y  N  Stepping down to S/A: Y  N

Is there a change in Key Worker, please provide name and agency? .....

Agreed review date (maximum 3 months): .....

Completed by: .....

Have you submitted to the TAF team inbox within 5 working days of

review completion: Yes  No

Attendees at this Review:-

**Remember to update the genogram, ecomap and distance travelled tool at this point and share plan / review with agencies who are part of the plan but not at review**

**If multi-agency please email copy to TAF@carmarthenshire.gov.uk**



TAF No ..... Care First No ..... Single agency case No ..... Date Completed .....

For the review please look back at the plan & mark plan with achieved Y/N. If carrying forward a goal, restate in the review plan. Add new goals to the review plan as required ensuring they are SMATR 'small, measurable, achievable, realistic and targeted'. If you have achieved the goal it no longer is part of the plan.

SMART existing goal and for who?	If this is an existing or an on-going goal, what needs to happen now? What needs to change? Who will help and by when? What worked?	Have we done it Y/N
New Goals		



Please use the box below to add any information you feel may be useful following the review

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Feedback from family on the plan / review

Signature (Parent/Carer or Young Person as applicable): .....

Signature of Key Worker .....

Is the case:- Remaining Single agency: Y  N  Remaining Multi agency: Y  N  Stepping up to M/A: Y  N  Stepping down to S/A: Y  N

Is there a change in Key Worker, please provide name and agency? .....

Agreed review date (maximum 3 months): .....

Completed by: .....

Have you submitted to the TAF team inbox within 5 working days of review completion: Yes  No

Attendees at this Review:-

**Remember to update the genogram, ecomap and distance travelled tool at this point and share plan / review with agencies who are part of the plan but not at review**

**If multi-agency please email copy to TAF@carmarthenshire.gov.uk**







For optional use by Key Worker and family as an aid to achieving small steps on the path to achieve outcome

Review	Outcome achieved	Progress towards achieving outcome with support	Referred to support services by family / TAF
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			
Week 11			
Week 12 <b>Review</b>			

TAF No ..... Care First No ..... Single agency case No ..... Date Completed .....

For the review please look back at the plan & mark plan with achieved Y/N. If carrying forward a goal, restate in the review plan. Add new goals to the review plan as required ensuring they are SMART 'small, measurable, achievable, realistic and targeted'. If you have achieved the goal it no longer is part of the plan.

SMART existing goal and for who?	If this is an existing or an on-going goal, what needs to happen now? What needs to change? Who will help and by when? What worked?	Have we done it Y/N
New Goals		



Please use the box below to add any information you feel may be useful following the review

**Email to TAF inbox within 5 working days of review undertaken**

Feedback from family on the plan / review

Signature (Parent/Carer or Young Person as applicable): .....

Signature of Key Worker .....

Is the case:- Remaining Single agency: Y  N  Remaining Multi agency: Y  N  Stepping up to M/A: Y  N  Stepping down to S/A: Y  N

Is there a change in Key Worker, please provide name and agency? .....

Agreed review date (maximum 3 months): .....

Completed by: .....

Have you submitted to the TAF team inbox within 5 working days of

review completion: Yes  No

Attendees at this Review:-

**Remember to update the genogram, ecomap and distance travelled tool at this point and share plan / review with agencies who are part of the plan but not at review**

**If multi-agency please email copy to TAF@carmarthenshire.gov.uk**





For optional use by Key Worker and family as an aid to achieving small steps on the path to achieve outcome

Review	Outcome achieved	Progress towards achieving outcome with support	Referred to support services by family / TAF
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			
Week 11			
Week 12 <b>Review</b>			

# Closure Form



## Case Details

**Professional use only at point of closure**

Person receiving support			
Family No: (if applicable)		TAF No: (if applicable)	
Date of closure			
Key Worker (on closure)			
Key Worker's organisation			
Care first number			

Please complete **either** the Single-Agency or TAF Multi-Agency case closure.

Families First Single-Agency Case Closure Summary		Please tick
a	Closure with a successful outcome in relation to the single agency plan	
b	Closed due to family opt-out	
c	Closed due to non-engagement	
d	Closure as family moved out of LA area	
e	Already open to children's services	
f	Stepped up to adult services	
g	Stepped up to children's services	
h	Stepped up to TAF intervention	
i	Closure due to other reasons (please state reason below)	

**This must be returned to TAF in 5 days of completion**

Families First TAF Multi Agency Case Closure Summary		Please tick
a	Closed with a successful outcome in relation to the TAF action plan	
b	Closed due to family opt-out	
c	Closed due to non-engagement	
d	Closed as family moved out of LA area and referred to another LA	
e	Escalated to a statutory service	
f	Stepped down to single agency intervention	
g	Closed due to other reasons (please state reason below)	

## Update distance travelled tool, genogram and ecomap

How are the family going to maintain what they have achieved? Have the family been introduced to any community resources?  
Are there any other opportunities to introduce the family community resources?

Email to TAF inbox within 5 working days of review undertaken

How much stronger are the family now?	How are the family going to maintain what they have achieved?	What community resource are the family using? (include final ecomap)	What is left to do? Who have you introduced to the family to help?

Copy left with Family Y  N

**It is an expectation of TAF that a copy of this document is left with the family and emailed to the TAF inbox within 5 working days**

**For TAF Multi agency Cases ONLY: Please email the updated review, genogram, ecomap, distance travelled tool & JAFF part 3 to**

TAF@carmarthenshire.gov.uk. If there is a new Key Worker please ensure handover to new Key Worker BEFORE returning form. If closed please email closure summary.





## To be completed by CENTRAL TAF TEAM ONLY

	Extent of outcome	Initial Identified	Prevention achieved	Progress towards	Engaged with support
<b>1</b>	Prevented antisocial behaviour				
<b>2</b>	Prevented a domestic abuse issue				
<b>3</b>	Adult offender in prison				
<b>4</b>	Young offender				
<b>5</b>	Reduced absence from school				
<b>6</b>	Reduced permanent exclusion from school				
<b>7</b>	Ensure child is ready to enter reception at school				
<b>8</b>	Addressed any alcohol misuse issues				
<b>9</b>	Addressed any drugs misuse issues				
<b>10</b>	Addressed an adult's mental health issues relating to depression or anxiety				
<b>11</b>	Addressed a child / young person's mental health issues				
<b>12</b>	Supported an individual to gain employment				
<b>13</b>	Prevention of a complex eviction				
<b>14</b>	Prevention of a simple repossession				
<b>15</b>	Prevention of child taken into care				
<b>16</b>	Child in need, case management process				
<b>17</b>	CAF / proportional assessment				
<b>18</b>	Cost of child protection care assessment				