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| **Team Around the Family Meeting (TAF)** |

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| **Date for TAF meeting agreed with family:**  |       |

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| **Time:**  |       |

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| **Family's preferred venue / address:**  |       |

**Have you booked this venue?** Yes [ ]  No [ ]

**Who will be asked to contribute?**

This should only be those people linked to the needs and possible actions identified in the early help assessment i.e. extended family, friends as well as practitioners.

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| **Name** | **Role** | **Organisation** | **Contact details****address / email / phone** | **Current involvement with family** |
|  |  |  |  | None | Infrequent | Frequent |
|       |       |       |       | [ ]  | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  | [ ]  |
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|       |       |       |       | [ ]  | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  | [ ]  |
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* Consider what actions each person contributing to the TAF will be asked to do.
* Should parents / carers not attend the TAF meeting, the meeting will continue and the action plan reviewed. Parents / carers to be informed of the discussion and given details of the updated action plan.
* Assessments may be closed at TAF meetings. The TAF paperwork will become the closure summary.
* When the outcomes have been achieved, please ensure the family, child or young person is clear about the support networks available.
* If you are working with a child living in Derby, please remember to complete the Derby City monitoring forms.

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| **Team Around the Family (TAF) paperwork to be completed** |

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| **TAF meeting number:** |       | **Date:** |       |
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| **Venue:** |       |

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| **Children and young people's names** | **Date of birth** |
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**People present**

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| **Name** | **Role** | **Organisation** | **Contact Number**  |
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**Apologies**

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| **Name** | **Role** | **Organisation** | **Contact Number**  |
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**Date of initial request / Reason for early help assessment**

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**Review notes**

Review action plan and update plan with any agreed further action. You must consider what worked well and what has not been achieved and the action to address this.

**Child / young person's needs** (for each child)

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|       |

**How the children are looked after / parenting**

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**Family, home, community and support networks**

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**General comments**

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**Child or young person's comments** (what would you like to say about the services received?)

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**Parent's or carer's comments** (what would you like to say about the services received?)

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| **Team Around the Family (TAF) Action Plan** |

To focus on what needs to change, what needs to be maintained

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| **What do we want to achieve?** | **How are we going to do it?** | **Who? (family member, extended family, friend, practitioner, other)** | **When by?** | **Date completed** |
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**What might happen if this plan is not followed?**

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| **Can the assessment be closed?** | Yes [ ]  | No [ ]  |  |
| **If yes, please clarify the reason for closure and what the continued support will be i.e. school, voluntary sector?** *Derby cases only: Please remember to complete and submit the EHA closure monitoring form.* |       |
| **If no, what is the agreed review TAF meeting time and date?** |       |

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| **Lead professional signature:** |       | **Date:** |       |

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| **Family signature/s:** |       | **Date:** |       |