 

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

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

|  |  |
| --- | --- |
| **Time:** |  |

|  |  |
| --- | --- |
| **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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Role** | **Organisation** | **Contact details**  **address / email / phone** | **Current involvement with family** | | |
|  |  |  |  | None | Infrequent | Frequent |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

* 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.

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

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

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

**People present**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Organisation** | **Contact Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Apologies**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Organisation** | **Contact Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Date of initial request / Reason for early help assessment**

|  |
| --- |
|  |

**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)

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**General comments**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**What might happen if this plan is not followed?**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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?** |  | | |

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

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