# **Our Team Around the Family Plan (TAF)**

Family name-

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Time | Venue/Virtual | Co-ordinator |
|  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Name of one child | DOB of the child | | House number | | Postcode |
|  |  | |  | |  |
| Initial TAF | | Review TAF | | Final TAF | |
|  | |  | |  | |

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| --- | --- | --- | --- | --- |
| Family members | Relationship in family | Did they attend? | Views gained? | Ethnicity |
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| Lead Practitioner name: |

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| --- | --- | --- | --- | --- |
| Practitioners name | What is their role? | Contact details | Did they  attend? | Did they provide a report? |
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# **Parent statement. I have read and understand the privacy statement**  YES/NO

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| --- |
| Views of all family members including the child/young person (*family members* *present & not present, what are your main concerns)* |
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| What do we all feel is going well? What has worked before?  (*Include views of family as well as practitioners*)  (*Please consider health and well-being, finances, school life and home life*) |
|  |

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| What are we all worried about?  *(include views of family as well as practitioners)*  (*Please consider health and well-being, finances, school life and home life*) |
|  |
| What do we all feel the priorities are that need to change?  *(include views of family as well as practitioners - consider short term and long-term priorities)* |
|  |
| Please record on a scale of 0 to 10 the family and TAF members view of the current situation for the child/ren with 0 being as bad as it can be and 10 being child/ren provided with stable and consistent care and accessing universal services.   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

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| --- | --- | --- |
| Next Steps/Further Action | By Who? | By When? |
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| --- | --- |
| Review Date/Time: | Venue: |
| Has a new Lead Practitioner been appointed? | Contact details of Lead Practitioner |

***I/We agree this information is an accurate summary of my/our family’s situation,***

***we agree with the family plan and the actions we and others have agreed to and authorise this plan to be shared with others who have actions.***

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| --- | --- | --- |
| Name of family member(s) | Signature | Date |
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| Name of Practitioners supporting the family | Signature | Date |
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