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|  | **Team Around the Family(TAF)**   |  |  | | --- | --- | | **Date of TAF** |  |   *Actions from the assessment should be brought forward into the TAF*  Details of children and young people to be discussed at the TAF following the completion of a CAF or statutory assessment.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **First Name(s)** | **Surname** | **Previous names** | **Address** | **DOB/EDD** | **M/F** | **CAF URN** | **Version** | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |   **Lead Professional’s (LP) details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Name | |  |  | | | | | | | | |  | Agency/Relationship | | | | |  | | |  | | | | |  | Email | | |  | | |  |
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|  | Address | |  |  | | | | | | | | | | |  | Contact Number | | | |  | |  | | |  |  | | | | | | | |  |
|  | | |
|  | **Which Family**  **Member? Goals? Action? Who will do this? By When? Progress and Comments Date Closed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Membership of the Team Around the Family**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Agency** | **Name** | **Attended** | | **Apologies received** | | **Agency** | **Name** | **Attended** | | **Apologies received** | | |  |  | **Yes** | **No** | **Yes** | **No** |  |  | **Yes** | **No** | **Yes** | **No** | |  |  | **Yes** | **No** | **Yes** | **No** |  |  | **Yes** | **No** | **Yes** | **No** | |  |  | **Yes** | **No** | **Yes** | **No** |  |  | **Yes** | **No** | **Yes** | **No** | |  |  | **Yes** | **No** | **Yes** | **No** |  |  | **Yes** | **No** | **Yes** | **No** | |  |  | **Yes** | **No** | **Yes** | **No** |  |  | **Yes** | **No** | **Yes** | **No** | |  |  | **Yes** | **No** | **Yes** | **No** |  |  | **Yes** | **No** | **Yes** | **No** | | | | | | | | | | | | |  |
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|  | **Minutes taken from meeting, include overview of unmet needs discussed and any work currently taking place by services with the family** | | | | | | | | | | | |  |
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|  | **Can the CAF be closed?** | | Yes | |  | Reason for closure: |  |
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|  |  | | No | |  | Agreed review date: |  | | |  | |  | |
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|  | **Is there a new Lead Professional?**  Yes  No | Name | |  | | | | | Agency | |  |  | |
|  |  | Email | |  | | | | | Contact Number | |  |  | |
|  | **Parent/carers, child and young person comments**  Please include any comments from all family members about the unmet needs discussed and the actions agreed. | | | | | | | | | | |  | |
|  | |  |  | | --- | --- | | **Name of Family Member** | **Comments** | |  |  | |  |  | |  |  | |  |  |   **Consent Statement for Team around the Family (TAF)**  Now the information has been gathered on the CAF Form, it is important to ensure the right people are brought together to see what help can be provided. This will be undertaken in a TAF meeting. Your Lead Professional will call the meeting.  A TAF meeting will be organised and the agencies listed below and family members will be invited to see how we can best work together to meet the needs of your child/family. List of workers you agree to be invited to participate in the next TAF and whether you consent to them receiving a copy of this TAF paperwork.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name of Worker** | **Agency** | **Cont act details including Tel** | **Address** | **Email** | **Consent given to send a copy of these TAF minutes?** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   List of family members you agree to be invited to the next TAF and whether you consent to them receiving a copy of this TAF paperwork.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Name** | **Relationship to Child** | **Contact Details including Tel** | **Address if different from main.** | **Email** | **Consent given to send a copy of these TAF minutes?** | | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  |  |  |  |  | | | I have had the reasons for information sharing and information storage explained to me and I understand those | | | | | Yes | No | | I agree to the sharing of information, as agreed, between the services listed above | | | | | Yes | No |   I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services.  The only reason we will pass on information without your consent is if there is a legal requirement or duty to do this, for example, if there is a risk of significant harm to a child/young person or risk of serious harm to an adult. In most cases we will discuss this with you first.   |  |  |  |  | | --- | --- | --- | --- | |  | **NAME** | **SIGNATURE** | **DATE** | | **Parent/carer** |  |  |  | | **Parent/carer** |  |  |  | | **Child/young person (normally aged 13 or over)** |  |  |  | | **Lead Professional** |  |  |  | | | | | | | | | | | |  | |