# Team Around the Family Plan (TAF)

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| Date & time | Venue | Co-ordinator |
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| Family name | DOB of one child | House number/Name | Postcode |
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| Family members | Relationship to children | Did they attend? | If no, have their views been gained |
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| Details of Lead Practitioner:  |

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| --- | --- | --- | --- | --- |
| Practitioners name | What is their role? | Contact details | Did theyattend? | Did they provide a report? |
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# For details on how Essex County Council uses the information that is collected about you and further information about your rights under the General Data Protection Regulation 2016 please visit [www.essex.gov.uk/privacy](http://www.essex.gov.uk/privacy)  **Parent statement. I have read and understand the privacy statement**

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| View of all the family members including the child/young person |
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| What do we all feel is going well? What has worked before? (Include views of family as well as practitioners) |
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| What are we all worried about? (include views of family as well as practitioners) |
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| What do we all feel needs to change? (include views of family as well as practitioners)(consider short term and long term goals)  |
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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.

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