**A logo for a company

Description automatically generated**A colorful logo with white text

Description automatically generated **Team Around the Family (TAF) Template**

**For guidance on chairing a Team Around the Family meeting please visit** [**Team Around the Family Guidance (mertonscp.org.uk)**](https://www.mertonscp.org.uk/wp-content/uploads/2024/02/Team-Around-the-Family-Guidance.pdf)

Date of TAF

Date of previous TAF

Name of Lead Practitioner

|  |  |  |  |
| --- | --- | --- | --- |
| Name of child/ YP | Date of birth | Does the child/YP have a disability? | Name of school |
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| --- | --- | --- | --- |
| Attendees | | | |
| Name | Agency | Contact Details | Family member working with |
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| --- | --- | --- | --- |
| Apologies | | | |
| Name | Agency | Contact Details | Report/update provided - Y/N |
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| --- |
| Personal Data |
| I understand that receiving Early Help is voluntary, and the information shared during this Team Around the Family Meeting (and recorded on this form) may be shared with the London Borough of Merton Local Authority as well as other services where considered necessary. This may involve the sharing of my information with one or more of the following professionals / agencies so that they can help to plan and provide support for me and my family:  •         Education Providers e.g. nurseries, schools and colleges;  •         London Borough of Merton Childrens services;  •         Health / Counselling services  •         Housing Providers;  •         Local Job Centres;  •         Victim Support;  •         Voluntary and Community Sector Bodies.  I understand that my information will be stored safely as per the General Data Protection Regulation.  For further details on how we use your information, please refer to our [Privacy Notice,](https://www.merton.gov.uk/legal/privacy-and-cookies/childrens-services-and-education-privacy-notice) which can be found on the London Borough of Merton’s website, or speak to your Lead practitioner. |

Family Needs

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| --- | --- | --- | --- |
| Merton’s Priority Outcomes | Supporting Families Outcomes | Presenting Needs |  |
| Health | Improved mental and physical health | Parents/carers and children with a range of health needs | ☐ |
| Promoting recovery and reducing harm from substance misuse | Parents/carers or children with a problem with alcohol or drugs | ☐ |
| Stay Safe | Children safe from abuse and exploitation | Children experiencing or at risk of exploitation or abuse (emotional/physical/sexual/neglect) | ☐ |
| Crime prevention and tackling crime | Parents/carers or children involved in crime or antisocial behaviour | ☐ |
| Safe from domestic abuse | Families affected by domestic abuse | ☐ |
| Improve family relationships | Families affected by parent conflict or children being abusive within the home | ☐ |
| Enjoy and Achieve | Getting a good education | Children who have not been attending school regularly / children whose special educational needs are not being met | ☐ |
| Good early years development | Expectant or new parents/carers who require additional or specialist support with their babies or pre-schoolers | ☐ |
| Being Independent | Financial stability | Families experiencing or at risk of worklessness and financial difficulties | ☐ |
| Secure housing | Families experiencing or at risk of homelessness | ☐ |

Agenda

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| --- | --- | --- |
| Welcome and introductions | | *Please ensure the child and family know everyone present and what their role is (this should be explained in simple language, not complicated job titles). Update on anyone who was invited but could not attend* |
| Purpose of the meeting | | *Please ensure the child, family and professionals are aware of the purpose of the meeting.* Example: *‘we are meeting today as a team of family members and practitioners with the expectation of supporting this family in the best way possible. We are here to discuss what needs the family have, what can be done to support them and create a whole family plan that we all agree upon’* |
|  |
| Ground rules | | *Always discuss confidentiality and information sharing. Be clear that everyone should be allowed to participate and clear language should be used. Discuss the timing and agree things like mobile phones off, and to break if needed. Encourage respect and sensitivity, and how people will challenge appropriately if they disagree with something that has been said* |
| What is currently working well for the family? | | *What is currently working well for the family, what have they tried before that has worked well and what support do they have around them? Using a systemic approach, where everyone’s views are heard and respected, identify the strengths of the child and their family, building on these to ensure supportive actions can be put in place* |
|  |
| What are we worried about? | | *Start by asking the family what they are worried about and then invite other members to share their views/worries* |
|  |
| What needs to change to make things better for the child/ren and family? | | *These should be the actions that the meeting has agreed upon to improve the child/family situation and forms the basis of the family plan.*  *The family should be encouraged to share their views on what they think the positive change would look like and how they think they can achieve this* |
|  |
| Review/Update the Family Plan | | *Please see the Family Plan below. Using all the information from the meeting, the plan should be reviewed and updated, so everyone is clear about the next steps and any tasks or actions that they need to work towards* |
| Identify/Review Lead Practitioner | | *This should be the person who will be the main point of contact for the family and will convene any future meetings (you should always take into account the wishes of the child/family)* |
| Name of Lead Practitioner | |  |
| Child/Young Person’s Comments | | *This should capture the child’s views on their relationship with the Lead Practitioner, what has been discussed at the meeting, how they felt the meeting went, how services are working together to support, the family plan and any thoughts about future meetings* |
|  |
| Parents / Carers Comments | | *This should capture the parent/carers’ views on their relationship with the Lead Practitioner, what has been discussed at the meeting, how they felt the meeting went, how services are working together to support, the family plan and any thoughts about future meetings* |
|  |
| Agree next meeting | | *Agree the date, time and venue of the next meeting (recommended every 6-8 weeks) and whether anyone else needs to be invited* |
| Next meeting date | Date |  |
| Time |  |
| Venue |  |

Signing below confirms consent for the information shared during this Team Around the Family Meeting to be stored and shared as detailed above.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Consent | | | | | | | |
| **Parent signature** |  | Date: | ​​Click to enter a date​ | **Child/young person** |  | Date: | ​​Click to enter a date​ |
| **Parent Signature** |  | Date: | ​​Click to enter a date​ | **Child/young person** |  | Date: | ​​Click to enter a date​ |

Family Plan

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| --- | --- | --- | --- | --- |
| Family Goal | How will this happen | Who will do this | When will we do this | Review / Update |
| *Family goals listed here should align with the supporting families outcome framework e.g. Getting a good education* | *Individual actions agreed with the family in response to the family goal.*  *A single-family goal may be broken down into a number of smaller, specific action points.* | *Who is responsible for this action? (this can include family members)* | *Please provide a specific date.*  *Avoid using ASAP. If ‘ongoing’ please state when the action will be reviewed.* | *Progress of actions from previous reviews should be recorded here.* |
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