Team Around the Family Closure (TAF) meeting for *(insert the name of the child or young person)*

Date of closure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date TAF started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name of the Early Help Champion** | *This is usually the person who has completed the EHA* |
| **Contact and telephone number** |  |

Date of last review\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name of the child** | **Date of birth** | **Does the child have a disability?** | **Did the child attend the meeting?** | **Name of the parent with Parent Responsibility (PR)** |
|  |  |  | *If the child does not want to attend, or is too young to participate in a formal meeting then other arrangements should be made. For example the child can nominate an advocate, can submit a written comment, or can participate via the Signs of Safety Children’s Tools or similar.* |  |

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| **Meeting attendance and apologies sent**  *It is good practise to enter everyone who has been invited to be part of the TAF. Don’t forget child/young person and family as part of the TAF. It won’t work without them.*  *If a person or agency did not attend but sent a report enter information above.*  *Detail any agencies or people who were invited but did not feel appropriate or possible for them to attend the TAF.* | | | | |
| **Name** | **Agency** | **Contact details** | **Signature confirming attendance** | **Attended?** |
|  |  |  |  | Yes No |
|  |  |  |  | Yes No |
|  |  |  |  | Yes No |
|  |  |  |  | Yes No |

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| **Closure Summary**  **Please select the overall reason for the Team Around the Family Closure** | | **Comments** |
| Team Around the Family closed due to all needs being met. | Yes No | Include evidence that this is so, and comments from the child, young person and family. Pictures or recording of direct work in a visual form can be attached.  Please see Signs of Safety Children’s Tools. |
| Team Around the Family closed due to most needs being met and a single agency will support. | Yes No | Detail what still needs to happen |
| Team Around the Family closed due to ‘step up’ to Social care. | Yes No | Please keep TAF in place, and have a safety plan until Social Care Assessment has been completed. |
| Team Around the Family closed due to family moving out of the area. | Yes No | Please agree with the family how information will be shared in the new area and how they are going to access the support they need. |
| Team Around the Family closed due to family with drawing consent | Yes No | Detail action taken to encourage further participation and assess the risk of this withdrawal of consent. |
| Team Around the Family closed due for another reason (please specify) | Yes No | Please give clear reasoning in this box. |

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| **How effective has the Team Around the Family been in improving life for this child / young person?**  **Professional’s views** |
| *Relate the comments to the things we are worried about.*  *Be child focussed, and detail the impact on the child/young person.*  *Give evidence of why you believe the goals of the TAF have been achieved.*  *Use this opportunity for professional reflection: what made the greatest difference?*  *On reflection, what could have gone better?* |
| **How effective has the Team Around the Family been in improving life for this child/young person?**  **Parent(s)’ / Carer(s)’ views** |
| *Use their own words, pictures and stories.*  *What things made the biggest difference?*  *What could have gone better?*  *Relate the comments to the things we were worried about.* |
| **How effective has the Team Around the Family been in improving life for you?**  **Childs/ young person’s views** |
| *Use their own words, pictures and stories.*  *What things made the biggest difference?*  *What could have gone better?*  *Relate the comments to the things we were worried about.* |

**Child/young person’s signature**

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**Parent’s/Carer’s Signature**

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**Early Help Champion’s signature**

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