**Family Thrive**

 **Team around the Family**

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| **Team Around Family Meeting** | **Date:** |
| **Child(ren) relating to this TAF:** |  |
| **Family Members / Professionals Present** | **Relationship to child/family** | **Contact Details** |
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| **Apologies:** |  |  |
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| **What is working well**  |
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| **What are we worried about**  |
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| **Young Person / Family views of the plan and what needs to happen?** |
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| **Any Other points of discussion or actions needed to achieve the Wellbeing Goals?**  |
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| **Scaling –** having discussed what life is like for your child right now, where is this on the scale? Child, parent and lead professional should scale – please write the person’s name underneath their score.  |
| 0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10  |
| Extremely concerned  | All is well  |
| The Professional, the parents/carers, and the child or young person should all scale separately. There is no need to agree. This is powerful for opening up a discussion about why views are similar or different for each person involved.  |

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| **Updated Family Plan agreed at TAF meeting** |  |  |  |
| **Wellbeing Goal****What do we want to achieve?** | **How will we achieve this? (action)** | **Who will do this? When will it be done?** | **Goal completed by family (date)** |
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| **Next Meeting date and time:** |  |