**Partner Agency Update**

**Team around the Family (TAF) Meeting Date-**

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| **Family’s Details;**  **EHM ID-**  **Names-** | **Agency / Practitioner Details**  **Name –**  **Job Title –**  **Agency –**  **Contact Details –** |
| Please provide an update of the support that you / your service is providing to the family | |
|  | |
| Please detail the strengths and vulnerabilities that you have identified with this family | |
|  | |
| Please detail the support that you will be providing to the family over the next 3 months, including frequency of visits / sessions. | |
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