**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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