

## Team Around the Child Closure Summary for *(insert name of child or young person)*

Date of closure .....

Date TAC started .....

Date of last review .....

Name of the child	Date of birth	Does the child have a disability?	Did child attend the meeting?	Name of the parent with PR

Name of the lead professional	
Contact & telephone number	

Meeting attendance				
Name	Agency	Contact details	Invited?	Attended?

<b>Closure Summary</b> <i>Please select the overall reason for Team Around the Child closure</i>		<b>Comments</b>
Team Around the Child closed due to all needs being met	Y/N	<b>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 within this Handbook</b>
Team Around the Child closed due to most needs being met and a single agency will continue support	Y/N	<b>Detail what still needs to happen</b>
Team Around the Child closed due to 'step up' to Social Care	Y/N	<b>Please keep TAC in place, and have a safety plan until Social Care Assessment has been completed.</b>
Team Around the Child closed due to family moving out of the area	Y/N	<b>Please agree with the family how information will be shared in their new area, and how they are going to access the support they need.</b>
Team Around the Child closed due to child or family withdrawing consent	Y/N	<b>Detail action taken to encourage further participation, and assess the risk of this withdrawal of consent.</b>
Team Around the Child closed for another reason (please specify)	Y/N	<b>Please give clear reasoning in this box</b>

**How effective has the Team Around the Child been in improving life for this child/young person?**

<b>Professionals' Views</b>
<p><b>Relate the comments to the things we were worried about. Be child focussed, and detail the impact on the child/young person. Give evidence of why you believe the goals of the TAC have been achieved. Use this opportunity for professional reflection: What made the greatest difference? On reflection, what could have gone better?</b></p>

**How effective has the Team Around the Child 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 Child been in improving life for you?**

**Child/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 .....

Date:

Parent's/Carer's signature .....

Date:

Lead Professional's signature .....

Date: