**Appendix E:**

**DE-ESCALATION FORM**

Families First – One Point Service

UNDER TAF PROCEDURES

**Child/Family:** Name/s:

DOBs:

 Address: ­­­­­­­­­­­­­­

**DATE TRANSFER HAS TAKEN PLACE:**

**Name of Social Worker/Lead Professional in Families First:**

Name:

Team:

Contact number:

**New Lead Professional in One Point:**

Name:

Title:

Contact Details:

**Next TAF Meeting:**

Date:

Time:

Venue:

Member’s details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Following TAF Meeting:**

Date:

Time:

Venue:

Member’s details:

**Information to be shared with One Point Manager and Families First Manager**

**Date:**

**Signed:** ………………………………/……………………………...

 Families First New Lead Professional