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| **About this information (this is not a referral)** | |
| * The person helping me fill this form in has explained to me that Brighter Futures for Children will hold a copy of this document. I agree to my personal information and that of the children I have parental responsibility for, being shared between agencies to ensure I receive the best support for my family. * Everyone in my family has helped to fill this in and the children have had the chance to share how they are feeling. * I agree with the information provided and that it is a true record of my family and their needs. | |
| Signed:  *(If signature cannot be provided, please tick to confirm parent/carer has read and is happy with the information provided and provides consent)* 🞏 | Date started: Click or tap to enter a date.  Date completed: Click or tap to enter a date. |

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| **Details of person completing this form with me** | | | |
| Name: |  | Setting: |  |
| Job Role: |  | Email: |  |

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| **About my family** | |
| Family Name(s): |  |
| Family Address (including postcode): |  |
| Telephone number: |  |

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| **Children in my family** | | | | | | | | | | |
| **Name (including unborn)** | **D.O.B** | **Gender** | **Relationship to parent/carer living in the household** | **Parental responsibility (Y/N)** | **Religion** | **First language** | **Disability** | **SEN Support Y/N** | **EHCP Y/N** | **Name of school/ Nursery/ College** |
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| **People who are important to my family including other family members, friends, people in community?** | | | | | | |
| **Name (including unborn)** | **D.O.B. or age** | **Gender** | **Relationship to parent/carer living in the household** | **Disability/Additional needs** | **Address** | **To be included in TAF meetings? Y/N** |
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| **People who are helping me now or have helped me already** | | | | |
| **Their name** | **Supporting who** | **Role/Agency** | **Current/Past** | **How did this help?** |
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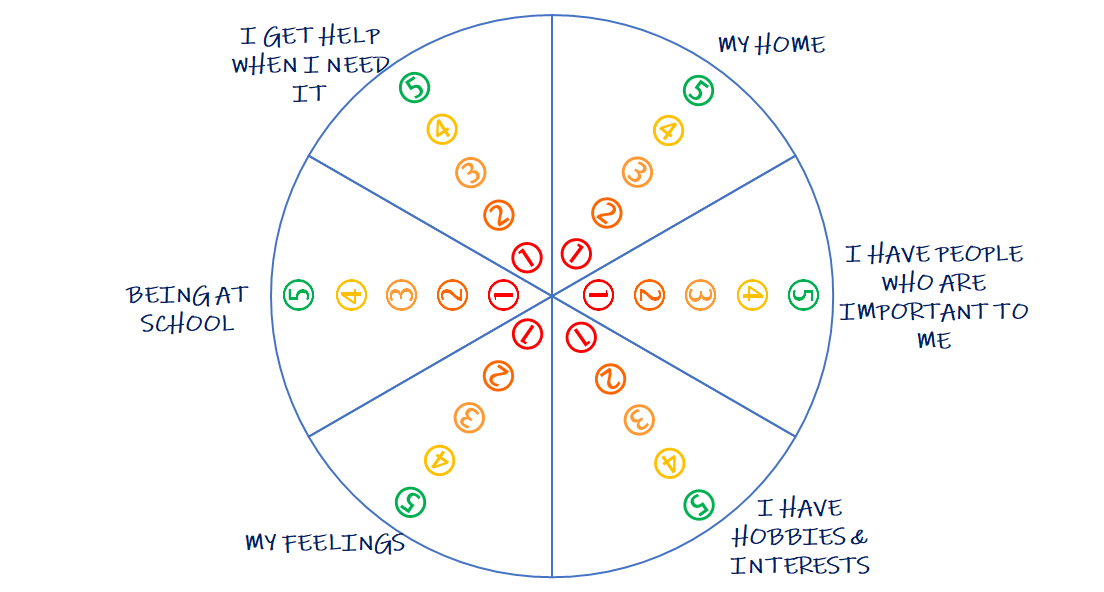
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| **What we need help with (this must be filled in)** | | | | | |
|  | **We need help with** | **Who is concerned** |  | **We need help with** | **Who is concerned** |
| Housing | 🞏 |  | Child development under 5’s | 🞏 |  |
| Parenting | 🞏 |  | Child development age 5+ | 🞏 |  |
| Parental relationships | 🞏 |  | Health – adult | 🞏 |  |
| Finances | 🞏 |  | Health – child | 🞏 |  |
| Mental Health – adult | 🞏 |  | Domestic abuse | 🞏 |  |
| Mental Health - child | 🞏 |  | Bereavement | 🞏 |  |
| SEND | 🞏 |  | Safety | 🞏 |  |
| Peer relationships | 🞏 |  | Accessing community | 🞏 |  |
| School attainment | 🞏 |  | Relationships with school | 🞏 |  |
| School attendance | 🞏 |  | Other |  | |

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| **Please briefly consider the following questions and provide a few bullet points.** |
| **I need help with these because…** |
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| **My family strengths** | **What could be better and what is getting in the way?** |
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| **If nothing changes for us, how will it impact my family?** | | | | | | |
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| **School and early years achievements (to be completed by a professional at education setting)** | | | | | | |
|  | Child 1 | Child 2 | Child 3 | Child 4 | Child 5 | Child 6 |
| Child’s name: |  |  |  |  |  |  |
| Current attendance: |  |  |  |  |  |  |
| What are they doing well in? |  |  |  |  |  |  |
| What do they need help with? |  |  |  |  |  |  |
| Who do they go to for support if they need it? |  |  |  |  |  |  |

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| **What do the children/young people say? (Please score each area from 1 to 5, 1 being poor, 5 being great)** |



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| **Anything you’d like to add?** |