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| **About this information** |

* On behalf of my family, I confirm that I have been given a copy of the plan, agree that it is correct and give my consent to be shared with other professionals participating in the TAF.
* It has been explained to me that a copy of this plan will be held by Brighter Futures for Children.

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| Signed:  | *(If signature cannot be provided, please tick to confirm parent/carer has read and is happy with the information provided and provides consent)* 🞏 |

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| **TAF meeting** |
| **Date of meeting** | Click or tap to enter a date. | **Location of meeting** |  |

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| **My Family** |
| **Name** | **Position in family** (parent/child/other) | **Education setting** | **Present at TAF** | **Contributed to TAF** |
|  |  |  |[ ] [ ]
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| **Professionals at the meeting** |
|  | **Name** | **Role/Agency** | **Contributed to plan** |
|  |  |  | **Yes** | **No** |
| Lead Professional (chair) |  |  |[ ] [ ]
| Partnership Outreach Worker |  |  |[ ] [ ]
| Other professionals |  |  |[ ] [ ]
| Other professionals |  |  |[ ] [ ]

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| **What we need help with**  |
| Housing |[ ]  Bereavement |[ ]  Child development under 5’s |[ ]
| Parenting |[ ]  SEND |[ ]  Child development age 5+ |[ ]
| Parental relationships |[ ]  Peer relationships |[ ]  Health – adult |[ ]
| Finances |[ ]  School attainment |[ ]  Health – child |[ ]
| Mental health – adult |[ ]  School attendance |[ ]  Domestic abuse |[ ]
| Mental health -child |[ ]  Relationships with school |[ ]  Accessing community |[ ]
| Safety |[ ]  Other |  |

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| **Any new or additional information since the assessment or last TAF?** |
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| Red  | Action not started/ no progress made |
| Amber | Some progress made / work still to do/ on track to complete |
| Green | Completed – no further action |

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| **Family Plan** |
| **Needs****(Taken from list above)** | **Desired Outcome** | **Action** | **By whom** | **Date to achieved by** | **How will we know when the outcome has been achieved?** | **Date started** | **Date complete** | **RAG** |
|  |  |  |  |  |  |  |  |  |
| **Brief summary of progress made since last TAF** |  |  |  |  |  |  |  |
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| **Brief summary of progress made since last TAF** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Family Plan** |
| **Needs****(Taken from list above)** | **Desired Outcome** | **Action** | **By whom** | **Date to achieved by** | **How will we know when the outcome has been achieved?** | **Date started** | **Date complete** | **RAG** |
|  |  |  |  |  |  |  |  |  |
| **Brief summary of progress made since last TAF** |  |  |  |  |  |  |  |
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| **Brief summary of progress made since last TAF** |  |  |  |  |  |  |  |
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| Child and young peoples’ views |
|  | Poor |  | Great |
| How going for you at home right now? (Please rate 1-5 with 1 being poor, 5 being great) | **1** | **2** | **3** | **4** | **5** |
| How are things going for you at school right now? (Please rate 1-5 with 1 being poor, 5 being great) | **1** | **2** | **3** | **4** | **5** |
| Any other comments you’d like to make? |  |