**Family Name: Date: EMH Number:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Which Family member does this action relate to? | **NEEDS**What are we worried about? | **STRENGTHS**What is going well? | **ACTION**What needs to be done?(include SMART objectives) | **OUTCOME**What will things look like if this need is being met? | **SUPPORTING FAMILIES CRITERIA**What supporting families criteria does the action relate to? |
|  |  |  |  |  | * Crime/ASB ⎹
* Education ⎹
* Child in need of help ⎹
* Employment/finances ⎹
* Domestic violence ⎹
* Health ⎹
 |
|  |  |  |  |  | * Crime/ASB ⎹
* Education ⎹
* Child in need of help ⎹
* Employment/finances ⎹
* Domestic violence ⎹
* Health ⎹
 |
|  |  |  |  |  | * Crime/ASB ⎹
* Education ⎹
* Child in need of help ⎹
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* Domestic violence ⎹
* Health ⎹
 |
|  |  |  |  |  | * Crime/ASB ⎹
* Education ⎹
* Child in need of help ⎹
* Employment/finances ⎹
* Domestic violence ⎹
* Health ⎹
 |

**Scaling**

On a scale of 0 - 10, where 10 means we are not worried at all about this situation and 0 means we are very worried.

0 10

|  |
| --- |
| Comments... |

|  |
| --- |
| People present at the meeting: |

|  |  |  |
| --- | --- | --- |
| Child/ Young Person’s Name(s): | Child/Young Person’s signature(s): | Date: |
| Parent/Carer Name(s): | Parent/Carer’s signature(s): | Date: |
| Lead Professional’s Name: | Lead Professional’s signature: | Date: |
| Date of next TAF Meeting: |  |  |