**Family Name: Date: EHM Number:**

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| **SUPPORTING FAMILIES CRITERIA – please select by ticking the boxes those outcomes that are NOT being met** |
| **Getting a good education** |  | **Improved mental and physical health** |  | **Crime Prevention and Tackling Crime** |  |
| **CURRENT ATTENDANCE**  |  | **Improved Family Relationships**  |  | **Safe from domestic abuse** |  |
| **SEN – Y/N** |  | **Promoting Recovery and Reducing Harm from Substance Use** |  | **Secure Housing** |  |
| **Good Early Years Development** |  | **Children Safe from Abuse and Exploitation** |  | **Financial Stability** |  |

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| **People present at the meeting:** |

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| **Family member** that action relates to: | **Needs**: what are we worried about? | **Strengths**: what is going well? | **Action:** what needs to happen? | **By when?** | **Outcome:** what will it look like if the needs are met? |
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Please note that this document is designed to help you track progress and to identify new needs, strengths and actions as well as those that are completed – it might be helpful to consider using rag-rating / colour-coding to help the process of evidencing completed, ongoing and new actions.

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| **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, I currently rate the situation at:** |
| **Name of person scaling:** | **Number scaled at:** | **Reason for that number:** |
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| Any additional, relevant information: |

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| --- | --- |
| **Child/ Young Person’s Name and Signature:** | **Date:** |
| **Parent/Carer Name and Signature:** | **Date:** |
| **Lead Professional’s Name and Signature:** | **Date:** |
| **Date, time and venue of next TAF Meeting:** |

**Once you have completed this form, if you have a secure email, please send a copy of the form with meeting date included to** **EHA@northumberland.gov.uk** **or your allocated Education Early Help Assessment worker.**