**TAF Support Plan**

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| --- | --- | --- | --- | --- | --- | --- |
| Name |  | |  | Address |  | |
| DOB |  | |  |  |
|  |  | |  |  |
| Date of review |  | |  |  |
|  |  | |  | | | |
|  | | Name | Organisation/Role | | | Contact Email |  |
| People Present at review | |  |  | | |  |  |
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| What’s been better since the last review? | | | | | | |
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|  | | | | | | |
| What needs further action? | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Parent’s views on what’s been different since the last review | | | | | | |
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|  | | | | | | |
| Child/Young Person’s views on what’s been different since the last review | | | | | | |
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|  | | | | | | |
| General Meeting Notes | | | | | | |
| * . | | | | | | |
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*\*Please carry forward relevant (non-completed) actions from the last plan.*

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| --- | --- | --- | --- | --- | --- |
| **Desired Outcome** *(What do you hope will be different in the future as a result of the TAF process?)* | **Action** | **Who will do this?** | **By When?** | **Has this been completed?** | **Update** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Consent | | | |
| “We will treat your information as confidential and we will not share it with any other organisation not identified via the Early Help Assessment or the TAF Support Plan; unless we are required by law to share it or you or any other person will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.”  A copy of the Early Help Support Plan and any further Early Help documentation, which may be needed, is stored and logged securely by the Early Help Service. There may also be occasions where it is necessary to undertake audits to ensure the process is meeting the needs of the children, young people and their families in Bedford Borough. You may opt out of Early Help Support and the storing of your data upon request by calling 01234 276817. | | | |
|  | | | |
| Parent Signature |  | Parent Signature |  |
| Young Person Signature |  | Lead Professional |  |
| Agreed Review Date |  |  | |

Note: If this TAF Support Plan is requesting any new interventions/services from Early Help, please email it to [EarlyHelpHub@Bedford.gov.uk](mailto:EarlyHelpHub@Bedford.gov.uk). If not please store a copy of this form for your own records.

If the TAF meetings are closing and this is the last TAF Support Plan to be produced, please email the Early Help Officer to inform them – [EarlyHelpHub@Bedford.gov.uk](mailto:EarlyHelpHub@Bedford.gov.uk).