

POWYS TAF Plan



Identifying details

Name:	Address:	TAF Meeting Date	Venue Address
Date of birth or EDD		Time:	
Other names:		Draig No:	CAF open date:
Contact tel no:		Is this the first meeting? Yes <input type="checkbox"/> No <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>

TAF Members	Signature	DBS (Y/N)	Agency	Role (eg Family/ young person Family Contact)	Contact Details		Attended Yes or No
					Email Address	Telephone Number	

Additional Reports: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please provide further details.
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Issues from CAF scoring 3, 4 or 5 (for initial TAF)	Please provide further details.
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Current Situation - Has there been any significant change in circumstances that has progressed or worsened? Please provide further details.





TAF Outcomes Statements and Distance Travelled Tool


Please select score based on icons on left or refer to TAF cards

- 

1. No concerns
- 

2. Some early concerns
- 

3. Obvious negative effect starting to show
- 

4. Evident, longer term negative impact
- 

5. Crucial negative effect

Child / Young Person's Profile		
Health and Well-being	H1. Child / young person has good physical health and development	
	H2. Child / young person experiences good emotional health and mental well-being	
	H3. Child / young person's behaviour	
	H4. Child / young person communicates well with others	
	H5. Child / young person has good identity, self-image and self esteem	
	H6. Child / young person shows age appropriate self-care	
	H7. Child / young person has good family relationships	
	H8. Child / young person and family have supportive friends and neighbours	
Achieving Potential	A1. Child / young person is regularly attending and participating in learning, education, or work	
	A2. Child / young person is making progress and succeeding	
	A3. Child / young person has hopes and plans for the future	
	A4. Child / young person is able to understand, be reasoned with and can problem solve appropriate to age	
Confident, Resilient, Nurturing & Safe	R1. Child / young person is provided with routines and boundaries	
	R2. Child / young person is provided with stimulation, opportunities to play, pursue interests and be curious	
	R3. Child / young person receives good general health care	
	R4. Child / young person is living in a warm, safe and secure environment	
	R5. Child / young person is safe and protected by parent(s) / carer(s)	
	R6. Child / young person receives emotional warmth and stability	
	R7. Parent(s) / carer(s) has good physical health	
	R8. Parent(s) / carer(s) experiences good emotional well-being and mental health	
	R9. Family concerns about someone drinking excessively or misusing drugs	
Economic Well being & Progress in Employment	E1. Family manages income	
	E2. Family has few debts	
	E3. Parent / carer is engaged in education, training or employment	
	E4. Parent / carer is looking for work	
	E5. Parent / carer has chosen not to work in order to raise children (always scores a 1 or is not applicable)	

Today's date	Outcomes wanted What do you want to achieve? (taken from the Outcomes Statement and Distance Travelled Tool)	Initial / previous rating	Today's rating	Action – What action will be taken to achieve this outcome	Who will do this	By when	Date intervention completed

Child or young person's comment on the meeting and actions identified

<p>Did we treat you well? Yes <input type="checkbox"/> No <input type="checkbox"/> Please give more details</p>	<p>Did we help? Yes <input type="checkbox"/> No <input type="checkbox"/> Please give more details</p>
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Parent or carer's comments on meeting and actions identified

<p>Did we treat you well? Yes <input type="checkbox"/> No <input type="checkbox"/> Please give more details</p>	<p>Did we help? Yes <input type="checkbox"/> No <input type="checkbox"/> Please give more details</p>
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Consent for information storage and information sharing (revisit at each TAF meeting).

Checks will be undertaken with relevant agencies to ascertain any previous involvement.

We will not keep information about you for longer than necessary to comply with relevant legislation.

I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:

- Me
- This infant, child or young person for whom I am a parent
- This infant, child or young person for whom I am a carer
- I have had the reasons for information sharing explained to me and I understand those reasons
- I agree to the sharing of information, as agreed between the services listed in the Action Plan

Child/Young Person/Parent/Carer

Name _____ Signed _____ Date _____

Family Contact

Name _____ Signed _____ Date _____

Final TAF Plan? Yes <input type="checkbox"/> NO <input type="checkbox"/> If No, date, time and venue of next meeting (below)			
Date	Venue	Time	Additional Comments

Date copy TAF Plan given to parent:	Date copy TAF Plan sent to TAF Co-ordination Team:
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Please return TAF Form marked **CONFIDENTIAL** to:
 TAF Co-ordination Team, CYPP, Mezzanine Floor, County Hall, Llandrindod Wells,
 Powys, LD1 5LG. **Tel: 01597 826246**

Email: caf.admin@powys.gov.uk (only if your email is @powys.gov.uk or .secure)

Additional Administrative notes / actions

PLEASE RETURN COMPLETED TAF PAPERS WITHIN 10 DAYS OF THE MEETING

If at any time you have reasonable concern that a child or young person may be at risk of harm you should follow the All Wales Child Protection Procedures.