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| --- | --- | --- | --- | --- | --- | --- | --- |
| **A: YOUR CHILD(REN) / YOUNG PERSON'S DETAILS** | | | | | | | |
| Name: |  | URN: |  | DOB / EDD: |  | Address:  Postcode: |  |
| Name: |  | URN: |  | DOB/ EDD: |  |
| Name: |  | URN: |  | DOB/ EDD: |  |
| Name: |  | URN: |  | DOB/ EDD: |  |
| Name: |  | URN: |  | DOB/ EDD: |  |
| Name: |  | URN: |  | DOB/ EDD: |  |  |
| Name: |  | URN: |  | DOB/ EDD: |  |



Version 1.2: Feb 2022

**YOUR FAMILY'S EARLY HELP PLAN – TEAM AROUND THE FAMILY MEETING**

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| **B: YOUR TEAM AROUND THE FAMILY MEETING DETAILS** | | | | | | | | | |
| **Date and time of meeting:** |  | **Venue:** |  | | | | | | |
| **Date plan completed:** | Click or tap to enter a date. | | **No. of meetings held to date:** | | Choose an item. | | **Date of last meeting:** | | Click or tap to enter a date. |
| **Lead Professional (LP) Name:** |  | | **Tel No:** |  | | **Email:** | |  | |
| **Organisation of LP:** |  | | **Job Role:** |  | | | | | |

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| **C: WHO ATTENDED YOUR TEAM AROUND THE FAMILY MEETING?**  *Please include everyone who has been invited to be part of the meeting, including the child(ren) / young person and family.* | | | | |
| **Name** | **Child / Parent / Carer Family Member / Agency** | **Contact Details** | **Attended / Apologies** | **Report Provided – Yes / No** |
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| **D: YOUR FAMILY'S VIEW**  *What's going well? What are you still worried about? What's changed and what difference do you feel it has made for you and your child's day to day life? Have you come across any obstacles and what have you done about this? How do you feel about the support you are getting?* | |
| Child(ren) / Young Person's thought and feelings: |  |
| Parents / Carer's thoughts and feelings: |  |

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| **E: YOUR PLAN**  *This information is taken from Your Family's Early Help Plan and will be reviewed and added to by everyone during your meeting.* | | | | | |
| What are the key things you and your child(ren) need support with? | What needs to happen to change this? | Who needs to be involved? | When does this need to happen by? | How will things be better for your child(ren) when this changes and how will we know? | What has changed for your children and family? What progress has been made so far? |
|  |  |  | Click or tap to enter a date. |  |  |
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| **F: WHAT'S CHANGED?**  *Thinking about where you were before asking for support, how does this compared to where you feel you and your family are now…..* | | | | | | | |
| **Areas of family life** |  | 1. Stuck | 2. Ready for Change | 3. Exploring Options | 4. Taking Action | 5. Achieving | 6. Maintaining Change |
| **Feeling Safe** | Last Review |  |  |  |  |  |  |
| Current position |  |  |  |  |  |  |
| **Being Well (Body and Mind)** | Last Review |  |  |  |  |  |  |
| Current position |  |  |  |  |  |  |
| **Home and Money** | Last Review |  |  |  |  |  |  |
| Current position |  |  |  |  |  |  |
| **Friends, Relationship and Support** | Last Review |  |  |  |  |  |  |
| Current position |  |  |  |  |  |  |
| **Work, Education and Learning** | Last Review |  |  |  |  |  |  |
| Current position |  |  |  |  |  |  |
| **Goals and Ambitions** | Last Review |  |  |  |  |  |  |
| Current position |  |  |  |  |  |  |
| **Feelings, Behaviours and Choices** | Last Review |  |  |  |  |  |  |
| Current position |  |  |  |  |  |  |
| **Boundaries and Behaviours** | Last Review |  |  |  |  |  |  |
| Current position |  |  |  |  |  |  |

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| **G: SUMMARY & NEXT STEPS**  *Summary of the progress your family have made, what difference has this made for your child(ren) and what action is now needed over the next 4-6 weeks?* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Agreed date of next meeting:** | | Click or tap to enter a date. | | | **Time of meeting:** |  | | **Venue:** |  | | |
| ***If the Lead Professional is changing who will take this role going forward?*** | | | | | | | | | | | |
| **Name:** |  | | **Agency:** |  | | | **Contact Details:** | |  | **Date of transfer:** | Click or tap to enter a date. |

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| **H: MOVING ON (Please complete if this is the final Meeting)**  *What have you learnt? What new skills have you got that will help you in the future? Do you feel more confident in dealing with challenges? Who in your community (friends, family, neighbours, groups or services) will support you to keep moving forward? Is there any further information and advice that we can give you?* | | |
|  | | |
| **Closure Reason** (Please select the relevant closure reason for the support)**:** | | |
| All Needs Met | Child / YP Deceased | Consent Withdrawn |
| Family Moved to Another Authority Area | Stepped Up to Children Social Care | Disengaged with Support |

**Regular monitoring of early help assessments and plans is essential for the Early Help Partnership to ensure the information that is being captured is accurate, good quality and up to date. Where we have received an assessment or plan with missing key information, we may return this to you for this to be amended and resubmitted before we can process the documents. *Please be aware it is the Lead Professional that is responsible for updating the Early Help Assessment Team with Early Help Assessment & Your Family's Early Help Plan documentation, changes in Lead Professional and requests for closure. These updates must be sent to the Early Help Assessment Team (***[***eha@lancashire.gov.uk***](mailto:eha@lancashire.gov.uk)***) in a timely manner so as to update the family's record.***