**Early Help Support Plan for Children, Young People & Families**

This Support Plan should always be completed with the Child, Young Person and Family.

**If you become concerned that a child/young person is at risk of significant harm, the Telford & Wrekin Safeguarding Children Board (TWSCB) Multi-agency child protection procedures must be followed. They can be accessed here:**

<http://www.telfordsafeguardingboard.org.uk/lscb/info/13/i_work_with_children_young_people_and_parents/20/policies_procedures_and_guidance>

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| **SECTION 1 – About the Person Completing the Support Plan** | | | | | |
| **Start Date of Assessment** |  | **Date of Support Plan Meeting** |  | **Support Plan Number** |  |
| **Details of Person Completing the Support Plan** | | | | | |
| **Name** |  | | | | |
| **Role** |  | | | | |
| **Agency** |  | | | | |
| **Address** |  | | | | |
| **Email address** |  | | | | |
| **Telephone Numbers** |  | | | | |
| **Who is the Lead Professional?** |  | | | | |
| **Locality** |  | | | | |

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| **SECTION 2 – Support Plan Family Name** | |
| **Family Surname(s)** |  |
| **Telephone Number(s)** |  |

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| **2.1 Details of any changes in family living arrangements (Living at home or not)** | | | | | | | | |
| **First Name(s)** | **Surname** | **Date of Birth or Estimated Date of Delivery (if unborn)** | **Address** | **Previous names or aka** | **Religion** | **Ethnicity** | **Relationship** | **Living in the family home or not Y/N** |
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| |  | | --- | | **SECTION 3 – Progress made since last Assessment or Support Planning meeting** | | |
| **SECTION 4 – Family Circle Scoring Matrix Scores of below 7 indicate an area of need or concern only score below 7 where needs or concerns have been identified**  **The family circle will be reviewed every 8 weeks in line with the Early Help support plan. Following discussion around the Family Circle,**  **please enter the scores for each area in the matrix below:** |

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| **Practitioner Comments:** |  | | | | | |  |
| **Parent Comments:** |  | | | | | |  |
| **Other Comments:** |  | | | | | |  |
| **Date Completed** |  | | |  |  | **Other relevant information:** |  |
| **Measure** | **Practitioner** | **Family Member (state name)** | **Family Member (state name)** | **Family Member (state name)** | **Family Member (state name)** | **Supporting Evidence** |  |
| Housing |  |  |  |  |  |  |  |
| Financial Situation |  |  |  |  |  |  |  |
| Youth Crime and ASB |  |  |  |  |  |  |  |
| Adult Crime and ASB |  |  |  |  |  |  |  |
| Drugs and Alcohol (CYP) |  |  |  |  |  |  |  |
| Drugs and Alcohol (adults) |  |  |  |  |  | If you score below 7 in this criteria, please state if the concern is drugs, alcohol or both. |  |
| Mental and Emotional Health (CYP) |  |  |  |  |  |  |  |
| Mental and Emotional Health (Adult) |  |  |  |  |  |  |  |
| Physical Health (Adult) |  |  |  |  |  |  |  |
| Physical Health (CYP) |  |  |  |  |  |  |  |
| School Attendance |  |  |  |  |  | Please list attendance % for last 3 full terms for each child |  |
| Education, Employment, Training |  |  |  |  |  |  |  |
| Community and Positive Activities |  |  |  |  |  |  |  |
| Personal Relationships |  |  |  |  |  |  |  |
| Family Relationships |  |  |  |  |  |  |  |
| Relationship with Support Services |  |  |  |  |  |  |  |
| Domestic Abuse |  |  |  |  |  |  |  |
| Ensuring Safety |  |  |  |  |  |  |  |
| Parenting |  |  |  |  |  |  |  |

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| **How many hours have you spent supporting this family since the last Family Circle?** |  |

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**Key**

**1 At crisis point, immediate support required in order to prevent crisis intervention. Not engaged with services (formal action may have started)**

**2 Immediate concerns still present but family beginning to engage with services.**

**3 Immediate concerns ongoing but family are engaging and starting to recognise the need for improvement.**

**4 Family are working well to resolve the issues, though concerns are still present.**

**5 Family have engaged with services in a meaningful way, improvements are being made.**

**6 Family have made significant improvements with ongoing support from services.**

**7 Issues may still be occurring, but family are able to recognise and resolve as they arise with reduced support from services.**

**8 Family needs are met and may need low level support.**

**9 Family are able to resolve issues on their own via signposting and accessing universal services where appropriate.**

**10 Family needs are met, there are no current concerns. Family able to identify their own issues and resolve or seek help (universal services).**

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| **Early Help Support Plan** | | | |
| **SECTION 5 – What needs to happen next** | | | |
| **What needs to happen in the family’s view**  **and agencies view** | **Agreed Actions** | **Outcome** | **By whom and when** |
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**Threshold Guidance Level of Need**

**Based on information provided, has the level of need changed? Please tick the appropriate box to indicate the current level of need**

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| **Universal** |  | **Vulnerable** |  | **Complex** |  | **Acute** |  |

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| **SECTION 6 – End of Involvement** | | | | | | |
| **Summary** | |  | | | | |
| **Is this the end of involvement** | | Yes/No – If yes please state reason for closure | | | | |
| **Parent/carer informed of closure** | | Yes/No | | | | |
| **Child informed of closure?** | | Yes/No | | | | |
| **Next Meeting Date** |  | | **Time** |  | **Venue** |  |

For further information please visit [www.telford.gov.uk/terms](http://www.telford.gov.uk/terms)

**This document needs to be forwarded to:**

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