**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** |

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| **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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*Telford & Wrekin Council will not share any of your personal data collected with external organisations unless required to do so by law. However, there may be occasions where we request further information from key third party organisations such as Health or Provider organisations. For further details on the council’s privacy arrangements please view the privacy page on the council’s* [*website page*](http://www.telford.gov.uk/terms)*.*

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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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