‘CONFIDENTIAL – once completed this form must be kept securely all the time’

**Family Support Plan – Final report**

|  |  |  |  |
| --- | --- | --- | --- |
| Author of Report: (Name and Organisation) |  | Date of Report: |  |
| Family Name: |  | Family Members in the home:  Name  Date of birth  Position in Family  Mosaic Number  NHS Number |  |
| Family Address: |  |
| Referrer to your service: (professionals name & organisation, CAF/LP) |  |
| Initial level of need: |  | Number of sessions offered: |  |
| Agencies involved: |  | Number of sessions taken up: |  |
| Date work commenced: |  | Date work ended: |  |
| Number of weeks support was in place: |  | Closing Level of need: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Crime & ASB** | **School Attendance Issues** | **Children Who Need Help** | **Worklessness** | **Domestic Violence** | **Health Problems** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Families First Area** | **Desired Outcomes** | **Actions - with beginning and end scores** | **Outcomes achieved? (Yes/No)** | **Final report;**  How did you meet the outcomes?   * Referrals to other agencies * Work carried out * Courses attended   (Organisation, practitioner, dates attended and confirmed by?) |
| Crime and Anti-Social behaviour | , | Score - 1 2 3 4 5 6 7 8 9 10 |  |  |
| School attendance. |  | Score - 1 2 3 4 5 6 7 8 9 10 |  |  |
| Children who need help. | 8 | Score - 1 2 3 4 5 6 7 8 9 10 |  |  |
|  | 10 | Score - 1 2 3 4 5 6 7 8 9 10 |  |  |
| Worklessness. |  | Score - 1 2 3 4 5 6 7 8 9 10 |  |  |
| Domestic abuse. |  | Score - 1 2 3 4 5 6 7 8 9 10 |  |  |
| Health |  | Score - 1 2 3 4 5 6 7 8 9 10 |  |  |

**Action plan shared with family members;**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Signature** | **Initial date** | **Final date** |
| **Parent/carer** |  |  |  |  |
| **Young person** |  |  |  |  |
| **Worker** |  |  |  |  |

**Final report;**

**Work outstanding: For example referrals made but waiting for place i.e. parenting groups, Tiss/Hipps, CAMHS, Women’s Aid.**

**Voice of the child: (Wishes & feelings)**