



**Early Help Plan**

As you may have recently had an assessment completed and/or have been stepped down from Children’s Social Care involvement we will not need to complete a full Early Help Conversation or an assessment. Together we will create a Whole Family Action Plan which will support you to make more progress as a family.

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| **Child/Young Person’s Name:** |  | **DOB:** |  |
| **Lead Professional (LP):** |  | **Agency:** |  |
| **LP contact details:** |  |  |  |

1. **Whole Family Action Plan**

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| *What are the main things that you think need to change for your family?* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family Plan**  **Arranging an initial Team Around the Family Meeting allows the family to meet with the professionals involved in supporting them, to produce a plan to help them achieve their goals.**  **Summarise all actions in this section. Please use a new line for each action and deadline. You can leave sections blank if you agree there are no actions needed. Deadlines and names can be updated after referrals if necessary.**  Outcomes should be linked to the reason why the Plan was started. | | | | | |
| **Outcome** | **What needs to happen?** | **Who will lead on this action?** | **By when?** | **Status** | **Supporting Families Outcome Met** |
| Actions with outcomes/benefits stated |
| Family members have their developmental, physical and mental health needs met |  |  | Click or tap to enter a date. | Choose an item. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. | Choose an item. |
| Children and young people are accessing their full entitlement to education |  |  | Click or tap to enter a date. | Choose an item. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. | Choose an item. |
| Family members are safe from crime, exploitation and ASB |  |  | Click or tap to enter a date. | Choose an item. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. | Choose an item. |
| Parents and carers feel well-supported, skilled and confident in their parenting |  |  | Click or tap to enter a date. | Choose an item. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. | Choose an item. |
| Family members are free from parental conflict, domestic abuse and violence |  |  | Click or tap to enter a date. | Choose an item. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. | Choose an item. |
| Families are financially stable, appropriately housed, in work or making progress towards work |  |  | Click or tap to enter a date. | Choose an item. | Choose an item. |
| Any other actions |  |  | Click or tap to enter a date. | Choose an item. | Choose an item. |

1. **What next?**

Following the plan above, what support will the family need?

|  |  |  |  |
| --- | --- | --- | --- |
| **How will the family be supported?** | | | |
| Single Agency Support |  | Team Around the Family (TAF) |  |
| Signpost to other services |  | Seek advice from Contact Swindon |  |
| Early Help Support closed |  | Other (specify) |  |

**Reviewing the Early Help Plan**

* If moving to Team Arougn the Family you must review plan using Early Help Review form within 4-6 weeks.
* When outcomes are achieved complete Closure/Evaluation with family and send to Contact Swindon

**Lead Professional**

Discussions between professionals and the family should determine who is best placed to be the Lead Professional. The Lead Professional does not have to chair all meetings or complete all paperwork, but they should ensure that these actions take place and be a point of contact for the family.

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| **Who will review the plan?** | **When will this happen?** |
| Lead professional: | Date of meeting: Click or tap to enter a date. |
| **Where will this happen?** | **At what time will this happen?** |
| Place: | Time: |

1. **Please sign upon completion of your Early Help Conversation:**

|  |  |
| --- | --- |
| **Primary Carers signatures and printed names:** | |
| Primary carer 1 Signature: | Printed Name: |
| Primary carer 2 Signature: | Printed Name: |
| Child/Young Person (if appropriate) |  |

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| **If you are sending this form by email to SBC can you confirm that you have consent to share it and hold the original signed copy at your establishment?** |
| **Yes** |

|  |  |
| --- | --- |
| **Date of completion:** | Click or tap to enter a date. |

Please ensure Contact Swindon have a copy of all parts of the EHC and Plan

[contactswindon@swindon.gov.uk](mailto:contactswindon@swindon.gov.uk)

01793 46 46 46

Please remember to use secure e-mail or password protect this document.

**Please note; the Early Help Conversation is not a referral to access services.** To access advice, support or targeted intervention via the Contact Swindon please submit a Request for Help and Support to Contact Swindon. [contactswindon@swindon.gov.uk](mailto:contactswindon@swindon.gov.uk) or 01793 46 46 46

**Prompts to support completion of your EHA**

***Please use the below prompts to support conversations during completion of the EHA***