**Early Help Family Plan  
The Early Help Family Plan identifies what support children, young people and families need and how this can be achieved. The plan will tell you   
what steps need to be taken and by whom, to achieve the best outcome for you and your family. Your allocated Lead Practitioner will work  
with you to produce your Early Help Family Plan. Your plan will be regularly reviewed with you to identify what is working well and what other help   
may be needed.**

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| **Plan start date:** |  | **Date of review meeting:** |  | **Review Meeting No.** |  |
|  |  | **Time & Venue:** |  |  |  |

1. **FAMILY DETAILS** *(Please add additional rows if required)*

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| **Parent/Carer**  **First Name** | | **Surname** | **D.O.B**  (dd/mm/yyyy) | | **Significant Other/s**  **First Name** | | **Surname** | **D.O.B**  (dd/mm/yyyy) |
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| **Child/Young Person**  **First Name** | | | **Surname** | | | | **D.O.B**  (dd/mm/yyyy) | |
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| **Family Address:** |  | | | **Significant Other/s Address** | |  | | |
| **Telephone No.** |  | | | **Telephone No.** | |  | | |

**What is the reason for this Early Help Family Plan?**

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| Please include;  Date Assessment completed (e.g. Early Help Assessment/CYPA)  Focus of this Early Help Family Plan  Have any significant events taken place since the completion of the last Plan? |  |

Throughout the Early Help Family Plan the views of both the child/young person and parent/carer must be considered.

**2. FAMILY PLAN**

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| **CHILD/YOUNG PERSON’S DEVELOPMENTAL NEEDS *(Please complete relevant areas of need for each child/young person. Print off additional pages if required)*** | | | | | | | |
| **NAME:** | | | | | | | |
| **AREA OF FAMILY NEED** | **What are we going to change, improve or strengthen?** | **Who will do this?**  **Is support required?** | **By when?** | **How will we know when things have improved** | **Evidence for how we are doing** | **Evidence of goal achieved** | **Date goal achieved** |
| **Health** |  |  |  |  |  |  |  |
| **Education** |  |  |  |  |  |  |  |
| **Emotional and Behavioural Development** |  |  |  |  |  |  |  |
| **Identity** |  |  |  |  |  |  |  |
| **Family and Social Relationships** |  |  |  |  |  |  |  |
| **Social Presentation** |  |  |  |  |  |  |  |
| **Self-Care Skills** |  |  |  |  |  |  |  |

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| **PARENTING CAPACITY *(Please complete relevant areas of need)*** | | | | | | | |
| **AREA OF FAMILY NEED** | **What are we going to change, improve or strengthen?** | **Who will do this?**  **Is support required?** | **By when?** | **How will we know when things have improved** | **Evidence for how we are doing** | **Evidence of goal achieved** | **Date goal achieved** |
| **Basic Care** |  |  |  |  |  |  |  |
| **Ensuring Safety** |  |  |  |  |  |  |  |
| **Emotional Warmth** |  |  |  |  |  |  |  |
| **Stimulation** |  |  |  |  |  |  |  |
| **Guidance and Boundaries** |  |  |  |  |  |  |  |
| **Stability** |  |  |  |  |  |  |  |

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| **FAMILY AND ENVIRONMENTAL FACTORS *(Please complete relevant areas of need)*** | | | | | | | |
| **AREA OF FAMILY NEED** | **What are we going to change, improve or strengthen?** | **Who will do this?**  **Is support required?** | **By when?** | **How will we know when things have improved** | **Evidence for how we are doing** | **Evidence of goal achieved** | **Date goal achieved** |
| **Community Resources** |  |  |  |  |  |  |  |
| **Family’s Social Integration** |  |  |  |  |  |  |  |
| **Income** |  |  |  |  |  |  |  |
| **Employment** |  |  |  |  |  |  |  |
| **Housing** |  |  |  |  |  |  |  |
| **Wider Family** |  |  |  |  |  |  |  |
| **Family History and Functioning** |  |  |  |  |  |  |  |

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**Using the scores provided, please provide an overall score between 1-10, based upon how you feel progress is being made for each area of need identified in the Plan.**

**(Please refer to guidance for Key scores and anaylsis)**

**Child/Young Person**

**Overall Score**

**Parent/Carer**

**Lead Practitioner**

**FAMILY AND ENVIRONMENTAL FACTORS**

**CHILD/REN AND YOUNG PERSON/S DEVELOPMENTAL NEEDS**

**PARENTING CAPACITY**

**Child/Young Person**

**Overall Score**

**Parent/Carer**

**Lead Practitioner**

**1 2 3 4 5 6 7 8 9 10**

**Child/Young Person**

**Overall Score**

**Parent/Carer**

**Lead Practitioner**

**What are the parents/carers views about the Early Help Family Plan? What are the child/young person/s views about the Early Help Family Plan?**

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**What are the Lead Practitioners views about the Early Help Family Plan?**

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| **Please list the parent(s)/carer(s)/professional(s) who supported with the completion of the Early Help Family Plan. (Please add additional lines if required)** | | | | |
| **Name** | **Relationship to Child/Young Person/Parent/Carer** | **Contact Details** | **Were they present at TAF Meeting? (Y/N)**  **(If No, was report/information provided?)** | **Verbal consent was obtained at meeting regarding actions detailed in the Plan? (Y/N)** |
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| **Date of Next Review Meeting:** |  |

**6. CONSENT**

The consents below should be signed by all household members who are aged 14 and over.

**I understand and confirm the information that is recorded on this form is accurate, and that it will be stored and used for the purposes of providing support to:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carer** | | | |
| **Signature:**  **Print name:** |  | **Date:** |  |
| **Signature:**  **Print name:** |  | **Date:** |  |
|  | | | |
| **Child/Young Person** | | | |
| **Signature:**  **Print name:** |  | **Date:** |  |
| **Signature:**  **Print name:** |  | **Date:** |  |
| **Signature:**  **Print name:** |  | **Date:** |  |
| **Signature:**  **Print name:** |  | **Date:** |  |
|  | | | |
| **Lead Practitioner** | | | |
| **Signature:**  **Print name:** |  | **Date:** |  |
| **Contact Address:** |  | **Contact Telephone No:** |  |
| **Email address:** |  | | |

For full details of how your information will be used and your rights, you can view the privacy statement at: <https://www.dudley.gov.uk/privacy-disclaimer-statement/childrens-services-privacy-notice/> . Alternatively, please ask your Lead Practitioner for a paper copy.

**7. CONTACT INFORMATION**

Please email your completed Early Help Family Plan to the relevant Family Centre inbox below, based upon the area within the borough the family reside.

If you are sending information via email, please contact the relevant Family Centre to obtain a secure email address to forward the information to.

**If you are unable to return your completed Early Help Family Plan via secure email, please hand deliver to your local Family Centre.**

**If you require support in the completion of the plan, please contact the Early Help Enabler at the relevant Family Centre.**

**Family Centre Email address: Telephone No.**

[Fs.brierleyhill@dudley.gov.uk](mailto:Fs.brierleyhill@dudley.gov.uk) 01384 813322

[Fs.dudleycentral@dudley.gov.uk](mailto:Fs.dudleycentral@dudley.gov.uk) 01384 812440

[Fs.dudleynorth@dudley.gov.uk](mailto:Fs.dudleynorth@dudley.gov.uk) 01384 813096

[Fs.halesowen@dudley.gov.uk](mailto:Fs.halesowen@dudley.gov.uk) 01384 813954

[Fs.stourbridge@dudley.gov.uk](mailto:Fs.stourbridge@dudley.gov.uk) 01384 818780