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|  | Your Family’s  Early Help Review |



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| **SECTION A: REVIEW DETAILS** | | | | |
| Venue | Click or tap here to enter text. | | Date of Review | Click or tap to enter a date. |
| Lead Professional Name |  | Lead Professional Agency & Role | |  |
| Email |  | | Telephone Number |  |

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| **Full Name** | **DOB** | **Relationship to Child / Young Person above** |
|  | Click or tap to enter a date. |  |
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| **SECTION C: WHO ATTENDED YOUR TEAM AROUND THE FAMILY MEETING?**  *Please include everyone who has been invited to be part of the meeting, including the child(ren) / young person and family.* | | | | |
| **Name** | **Child / Parent / Carer Family Member / Agency** | **Contact Details** | **Attended / Apologies** | **Report Provided** |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |

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| **SECTION** **D: WHAT'S HAPPENING FOR YOU AND YOUR FAMILY?**  Use the EHA or last review as a starting point, and then ask people to add contributions as appropriate. | |
| **What is going well for your child and family? What Support is currently in place?**  Ensure you discuss how this is helping or could help with the things we are worried about. |  |
| **What are we worried about?**  Be clear, factual and use danger statements from EHA. |  |
| **What needs to change** or would help your child and family?  What next steps are needed to start to build on plan and make sure the child is safe and well. |  |

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| **SECTION E: WHAT’S CHANGED?**  *Thinking about where you were before asking for support, how does this compared to where you feel you and your family are now…..* | | | | | | | |
| Supporting Families | | 1. Stuck | 2. Ready for Change | 3. Exploring Options | 4. Taking Action | 5. Achieving | 6. Maintaining Change |
| **Feeling Safe** | Last Review |  |  |  |  |  |  |
| Current Review |  |  |  |  |  |  |
| **Being Well**  (Body and Mind) | Last Review |  |  |  |  |  |  |
| Current Review |  |  |  |  |  |  |
| **Home and Money** | Last Review |  |  |  |  |  |  |
| Current Review |  |  |  |  |  |  |
| **Friends Support and Relationships** | Last Review |  |  |  |  |  |  |
| Current Review |  |  |  |  |  |  |
| **Work Education and Learning (**inclduing Early Years for 0-5) | Last Review |  |  |  |  |  |  |
| Current Review |  |  |  |  |  |  |
| **Feelings and Behaviour** | Last Review |  |  |  |  |  |  |
| Current Review |  |  |  |  |  |  |

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| **SECTION F: YOUR FAMILY'S VIEW**  *What's going well? What are you still worried about? What's changed and what difference do you feel it has made for you and your child's day to day life? Have you come across any obstacles and what have you done about this? How do you feel about the support you are getting?* | |
| Child(ren) / Young Person's thoughts and feelings: |  |
| Parents / Carer's thoughts and feelings: |  |

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| **SECTION G: YOUR PLAN**  *This information is taken from Your Family's Early Help Plan and will be reviewed and added to by everyone during your meeting.* | | | | | |
| What are the key things you and your child(ren) need support with? | What needs to happen to change this? | Who needs to be involved? | When does this need to happen by?  Please enter a **specific date** & avoid using ‘ongoing’ or ‘continued support’. | How will things be better for your child(ren) when this changes and how will we know? | What has changed for your children and family? What progress has been made so far? |
| 1 |  |  | Click or tap to enter a date. |  |  |
| 2 |  |  | Click or tap to enter a date. |  |  |
| 3 |  |  | Click or tap to enter a date. |  |  |
| 4 |  |  | Click or tap to enter a date. |  |  |
| 5 |  |  | Click or tap to enter a date. |  |  |

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| **SECTION H: SUMMARY & NEXT STEPS**  *Summary of the progress your family have made, what difference has this made for your child(ren) and what action is now needed over the next 4-6 weeks?* | | | | | | | | |
|  | | | | | | | | |
| Agreed Date of next meeting | | Click or tap to enter a date. | Time | |  | | Venue |  |
| ***If the Lead Professional is changing who will take this role going forward?*** | | | | |  | | | |
| Agency |  | | | Contact Details | |  | Date of transfer | Click or tap to enter a date. |

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| **SECTION I: MOVING ON (Please complete if this is the final Meeting)**  *What have you learnt? What new skills have you got that will help you in the future? Do you feel more confident in dealing with challenges? Who in your community (friends, family, neighbours, groups or services) will support you to keep moving forward? Is there any further information and advice that we can give you?* | | |
|  | | |
| **Closure Reason** (Please select the relevant closure reason for the support)**:** | | |
| All Needs Met | Disengaged with Support | Consent Withdrawn |
| Family Moved to Another Authority Area | Stepped Up to Children Social Care | Child / YP Deceased |

**Regular monitoring of early help assessments and plans is essential for the Early Help Partnership to ensure the information that is being captured is accurate, good quality and up to date. Where we have received an assessment or plan with missing key information, we may return this to you for this to be amended and resubmitted before we can process the documents**. **As your role of lead professional please ensure the assessment/plan/reviews are shared and discussed with the Team Around the Family. *These updates must be sent to business support at*** [**earlyhelp.logging@wigan.gov.uk**](mailto:earlyhelp.logging@wigan.gov.uk) ***within 6 weeks to update the family's record.***

**Please note this is *not* a referral form to other services that support children, young people, and families but, an assessment tool for professionals to support families.**

**Early Help Closure – Supporting Families**

Please ensure that all needs have been identified, updated, and reviewed; including needs identified at assessment stage and any further needs identified during the support period.

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| **Health** | |
| **1) Good Mental Health (Child/Young Person)** | Need Identified No Need Identified |
| **1a) Good Mental Health (Parent/Carer)** | Need Identified No Need Identified |
| **Comments** |  |
| **2) Physical Health (Child/Young Person)** | Need Identified No Need Identified |
| **2a) Physical Health (Parent/Carer)** | Need Identified No Need Identified |
| **Comments** |  |
| **3) Substance Use (Child/Young Person)** | Need Identified No Need Identified |
| **3a) Substance Use (Parent/Carer)** | Need Identified No Need Identified |
| **Comments** |  |
| **Education** | |
| **4) Good Early Years Development (0-5)** | Need Identified No Need Identified NA |
| **5) School Attendance, Behaviour and Engagement** | Need Identified No Need Identified |
| Comments |  |
| **Employment, financial Stability & Secure Housing** | |
| **6) Employment (Parent/Carer)** | Need Identified No Need Identified |
| **6a) Financial Stability** | Need Identified No Need Identified |
| **6b) Not in Employment, Education or Training (NEET)** | Need Identified No Need Identified NA |
| **Comments** |  |
| **7) Secure Housing** | Need Identified No Need Identified |
| **7a) Is the Young Person aged between 16 & 17 and at risk of being excluded from the family home** | Need Identified No Need Identified NA |
| **Comments** |  |
| **Being Safe** | |
| **8) Safe from Domestic Abuse (Child/Young Person)** | Need Identified No Need Identified |
| **8a) Safe from Domestic Abuse (Parent/Carer)** | Need Identified No Need Identified |
| **9) Safe from Abuse or Exploitation (Child/Young Person)** | Need Identified No Need Identified |
| **Comments** |  |
| **10) Families Diverted from Crime (Child/Young Person)** | Need Identified No Need Identified |
| **10a) Families Diverted from Crime (Parent/Carer)** | Need Identified No Need Identified |
| **Comments** |  |
| **Family** | |
| **11) Good Family Relationships** | Need Identified No Need Identified |
| **11a) Is the Child/Young person a young carer in need of support** | N/A Need Identified No Need Identified NA |
| Comments |  |