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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? (Strengths & Assets in your family)**Ensure you discuss how this is helping or could help with the things we are worried about. |  |
| **What are we worried about?** **(Areas for Support)**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. (Level 3) |  |

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| **SECTION E: WHAT’S CHANGED? Note: this is only completed for the Full Assessment Level 3***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?* |
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| 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?* |
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| **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** ***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.**

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| **J: 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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| **Does the family require support with getting a good education?** | Yes ☐ No ☐ |
| **If yes which criteria?** | **Outcome Status** | **Further Details & Progress Made** | **Target Date / Date Achieved** |
| Average of less than 90% attendance for 2 consecutive terms | Please choose |  | Click or tap to enter a date. |
| Average of less than 50% attendance unauthorised for 2 consecutive terms | Please choose |  | Click or tap to enter a date. |
| Not able to participate and engage with education – motivation, emotional regulation and behaviour difficulties, risk of, or subject to, exclusions, concerns around suitability of Elective Home Education, child is off-roll and not receiving an education otherwise, risk of NEET | Please choose |  | Click or tap to enter a date. |
| Child's special educational needs not being met | Please choose |  | Click or tap to enter a date. |

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| **Does the family require support with good early years development?** | Yes ☐ No ☐ |
| **If yes which criteria?** | **Outcome Status** | **Further Details & Progress Made** | **Target Date / Date Achieved** |
| Expectant or new parent/carers who require additional or specialist support (e.g., young parents, parents who have been in care, parents with learning needs) | Please choose |  | Click or tap to enter a date. |
| Child’s (0-5 yrs) physical health needs not met (e.g., immunisations not up to date, concerning accidental injuries, dental hygiene) | Please choose |  | Click or tap to enter a date. |
| Child's (0-5 yrs) developmental needs not being met (e.g., communication skills/speech and language, problem-solving, school readiness, personal, social and emotional development) | Please choose |  | Click or tap to enter a date. |

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| **Does the family require support with** **improving mental and physical health**? | Yes ☐ No ☐ |
| **If yes which criteria?** | **Outcome Status** | **Further Details & Progress Made** | **Target Date / Date Achieved** |
| Child needs support with their mental health | Please choose |  | Click or tap to enter a date. |
| Adult needs support with their mental health | Please choose |  | Click or tap to enter a date. |
| Child and/or parent/carer require support with physical health needs that affect the family (e.g., long-standing health conditions requiring management, physical disabilities requiring adaptations) | Please choose |  | Click or tap to enter a date. |

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| **Does the family require support with** **better manage substance use**? | Yes ☐ No ☐ |
| **If yes which criteria?** | **Outcome Status** | **Further Details & Progress Made** | **Target Date / Date Achieved** |
| An adult has a substance misuse problem | Please choose |  | Click or tap to enter a date. |
| A child or young person has a substance misuse problem | Please choose |  | Click or tap to enter a date. |

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| **Does the family require support with** **improving family relationships**? | Yes ☐ No ☐ |
| **If yes which criteria?** | **Outcome Status** | **Further Details & Progress Made** | **Target Date / Date Achieved** |
| Parent / carers require parenting support | Please choose |  | Click or tap to enter a date. |
| Harmful levels of parental conflict i.e., when it is frequent, intense or poorly resolved | Please choose |  | Click or tap to enter a date. |
| Child / young person violent or abusive in the home (to parents/carers or siblings) | Please choose |  | Click or tap to enter a date. |
| Unsupported young carer or caring circumstances changed requiring additional support | Please choose |  | Click or tap to enter a date. |

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| **Does the family require support with child safety from abuse and exploitation**? | Yes ☐ No ☐ |
| **If yes which criteria?** | **Outcome Status** | **Further Details & Progress Made** | **Target Date / Date Achieved** |
| Emotional, physical, sexual abuse or neglect, historic or current, within the household | Please choose |  | Click or tap to enter a date. |
| Child going missing from home | Please choose |  | Click or tap to enter a date. |
| Child identified as at risk of, or experiencing, sexual exploitation | Please choose |  | Click or tap to enter a date. |
| Child identified as at risk of, or experiencing, criminal, or pre-criminal, exploitation (e.g., county lines, radicalisation) | Please choose |  | Click or tap to enter a date. |
| Child experiencing harm outside of the family (e.g., peer to peer abuse, bullying, online harassment, sexual harassment/offences) | Please choose |  | Click or tap to enter a date. |
| Child identified as at risk, or being affected by, radicalisation | Please choose |  | Click or tap to enter a date. |

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| **Does the family require support with Diversion from Crime**? | Yes ☐ No ☐ |
| **If yes which criteria?** | **Outcome Status** | **Further Details & Progress Made** | **Target Date / Date Achieved** |
| Adult (18+) involved in crime and/or ASB (at least one offence/arrest/ASB incident) in the last 12 months | Please choose |  | Click or tap to enter a date. |
| Young person (u18) at risk of crime – including gangs, serious violence and weapons carrying, or involved in harmful risk-taking behaviour | Please choose |  | Click or tap to enter a date. |
| Young person (u18) involved in crime and/or ASB (at least one offence/arrest/ASB incident) in the last 12 months | Please choose |  | Click or tap to enter a date. |

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| **Does the family require support with Safety from Domestic Abuse**? | Yes ☐ No ☐ |
| **If yes which criteria?** | **Outcome Status** | **Further Details & Progress Made** | **Target Date / Date Achieved** |
| Family affected by domestic abuse or inter-personal violence and abuse - historic, recent, current or at risk (victim) | Please choose |  | Click or tap to enter a date. |
| Adult in the family is a perpetrator of domestic abuse | Please choose |  | Click or tap to enter a date. |
| Child currently or historically affected by domestic abuse | Please choose |  | Click or tap to enter a date. |

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| **Does the family require support with Secure Housing**? | Yes ☐ No ☐ |
| **If yes which criteria?** | **Outcome Status** | **Further Details & Progress Made** | **Target Date / Date Achieved** |
| Families who are in local authority temporary accommodation and are at risk of losing this | Please choose |  | Click or tap to enter a date. |
| Families not in suitable, sustainable housing and/or threatened with eviction /at risk of homelessness | Please choose |  | Click or tap to enter a date. |
| Young people aged 16/17 at risk of, or who have been, excluded from the family home | Please choose |  | Click or tap to enter a date. |

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| **Does the family require support with Financial Stability**? | Yes ☐ No ☐ |
| **If yes which criteria?** | **Outcome Status** | **Further Details & Progress Made** | **Target Date / Date Achieved** |
| Adult in the family is workless | Please choose |  | Click or tap to enter a date. |
| Family require support with their finances and / or have unmanageable debt (e.g., rent arrears) | Please choose |  | Click or tap to enter a date. |
| Young person is NEET | Please choose |  | Click or tap to enter a date. |