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| 1. **PRACTITIONER INFORMATION**
 | Merton Safeguarding Children Partnership***\* BLOCK CAPITALS ONLY PLEASE \**** |
| Practitioner agency/service |  | Date Plan Completed |  |
| Practitioner name |  | Practitioner telephone |  |
| Practitioner email  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. **FAMILY INFORMATION**
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| PARENT / CARER 1 Name |  |  | PARENT / CARER 2 Name |  |
| Parental responsibility  |  Yes [ ]  No [ ]  |  | Parental responsibility  |  Yes [ ]  No [ ]  |
| Telephone |  |  | Telephone |  |
| Date of birth  |  |  | Date of birth  |  |
| Ethnicity |  |  | Ethnicity |  |
| Address and postcode |  |  | Address and Postcode  |  |
| Disability  |  |  | Disability |  |
| Health Needs |  | Health needs |  |
| Special Educational Needs |  | Special Educational Needs |  |
| Communication support needs |  | Communication support needs |  |
| Immigration Status |  | Immigration Status |  |
| **CHILD / YOUNG PERSON** | **Gender** | **Disability**  | **Special Educational Needs** | **Health Need** |
| **Child / Young Person 1** | Name:  | Male [ ]  Female [ ]  | Yes [ ]   No [ ]  | Yes [ ]  No [ ]  |  Yes [ ]  No [ ]  |
| Date of Birth:  |  |
| Ethnicity:  |
| Address  |  |
| Name of early education / school /college |  |
| **Child / Young Person 2** | Name: | Male [ ]  Female [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |  Yes [ ]  No [ ]  |
| Date of Birth:  |  |
| Ethnicity:  |
| Address |  |
| Name of early education / school /college |  |
| **Child / Young Person 3** | Name: | Male [ ]  Female [ ]  | Yes [ ]   No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
| Date of Birth: |  |
| Ethnicity: |
| Address |  |
| Name of early education / school /college |  |
| **Child / Young Person 4** | Name: | Male [ ]  Female [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
| Date of Birth: |  |
| Ethnicity: |
| Address |  |
| Name of early education / school /college |  |

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| 1. **INFORMATION GATHERING**
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| **What is currently working well for the family** |
| What does the child, young person like / do well? What do the family say works well for them or has done in the past?Do the family have a support network (family, friends, professionals)? If so what does this look like? What are the views of the child/young person and/or family? |
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| **What are you or the family worried about** |
| What is making you feel concerned/worried?What is making the family feel concerned/worried?What is the impact on the child or young person?What are you worried would happen if nothing changes for the child / family?What are the views of the child/young person and/or family? |
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| **What needs to change to make things better for the child/ren?** |
| What do the family think would support them to make things better?What support do you think is needed to make things better?What services / support would the family need to acheive these positive changes?What are the views of the child/young person and/or family? |
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| 4 . Which of these are currently relevant to the family |
| HEALTH | *Living well, improving physical and mental health and wellbeing:* Parents and children with a range of health needs  | ☐  |
| STAY SAFE  | *Staying safe in the community:* Parents or children involved in crime or antisocial behaviour  | ☐  |
| *Staying safe in relationships:* Families affected by domestic abuse  | ☐  |
| ENJOY and ACHIEVE  | *Improving children’s life chances:* Children who need additional support, from the earliest years to adulthood  | ☐  |
| *Getting a good education and skills for life:* Children who have not been attending school regularly  | ☐  |
| BEING INDEPENDENT  | *Improving living standards:* Families experiencing or at risk of worklessness, homelessness or financial difficulties  | ☐  |

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| 1. **Early Help Plan**
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| **What needs to be done** | **By Whom** | **By When** | **Review / Update** |
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| 1. **Family Views and Comments**
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***Signing below confirms consent for the information in this plan to***

1. ***be stored in accordance with the organisations data protection, privacy and GDPR policies***

***2. be shared with those working alongside the family.***

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| **6. CONSENT** |
| **Parent signature** |  | Date: | Click to enter a date |
| **Parent Signature** |  | Date: | Click to enter a date |
| **Child/young person** |  | Date: | Click to enter a date |
| **Child/young person** |  | Date: | Click to enter a date |