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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** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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** |
| **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? |
|  |
| **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? |
|  |
| **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** | | | |
| **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 |