**Early Help Support Plan for Children, Young People & Families**

This Support Plan should always be completed with the Child, Young Person and Family.

**If you become concerned that a child/young person is at risk of significant harm, the Telford & Wrekin Safeguarding Partnership Board (TWSP) Multi-agency child protection procedures must be followed. They can be accessed** [**here:**](https://www.telfordsafeguardingpartnership.org.uk/info/7/partner-agency-information/8/policies-procedures-pathways)

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| **SECTION 1 – About the Person Completing the Support Plan** | | | | | |
| **Start Date of Assessment** |  | **Date of Support Plan Meeting** |  | **Support Plan Number** |  |
| **Details of Person Completing the Support Plan** | | | | | |
| **Name** |  | | | | |
| **Role** |  | | | | |
| **Agency** |  | | | | |
| **Address** |  | | | | |
| **Email address** |  | | | | |
| **Telephone Numbers** |  | | | | |
| **Who is the Lead Professional?** |  | | | | |
| **Locality** |  | | | | |

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| **SECTION 2 – Support Plan Family Name** | |
| **Family Surname(s)** |  |
| **Telephone Number(s)** |  |

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| **2.1 Details of any changes in family living arrangements (Living at home or not)** | | | | | | | | |
| **First Name(s)** | **Surname** | **Date of Birth or Estimated Date of Delivery (if unborn)** | **Address** | **Previous names or aka** | **Religion** | **Ethnicity** | **Relationship** | **Living in the family home or not Y/N** |
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| **2.2 Who attended the meeting** | | | |
| **Name** | **Relationship to child/ren** | **Agency** | **Contact number** |
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| |  | | --- | | **SECTION 3 – Progress made since last Assessment or Support Planning meeting** | | |
| **SECTION 4 – Family Circle Scoring Matrix Scores of below 2 indicate an area of need or concern only score below 2 where needs or concerns have been identified**  **The family circle will be reviewed every 8 weeks in line with the Early Help support plan. Following discussion around the Family Circle,**  **please enter the scores for each area in the matrix below:** |

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| **How many hours have you spent supporting this family since the last Family Circle?** |  |

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| **Area** | **Good Early Years Development** | | | **Getting a Good Education** | | **Improved Mental and Physical Health** | | | **Secure Housing** | |
| Vulnerable expectant or new Parents/ Carers engaging in additional support | Child (0-5) physical health | Child (0-5) developmental needs | Engagement in Education | Child's SEND needs | Young Persons Mental Health and wellbeing | Adult's Mental Health and wellbeing | Physical health for the family | Family in suitable housing, not at risk of eviction | Young person (16-17) in suitable housing, not at risk of homelessness |
| **Practitioner Score** |  |  |  |  |  |  |  |  |  |  |
| **Parent Score** |  |  |  |  |  |  |  |  |  |  |
| **Child Score** |  |  |  |  |  |  |  |  |  |  |

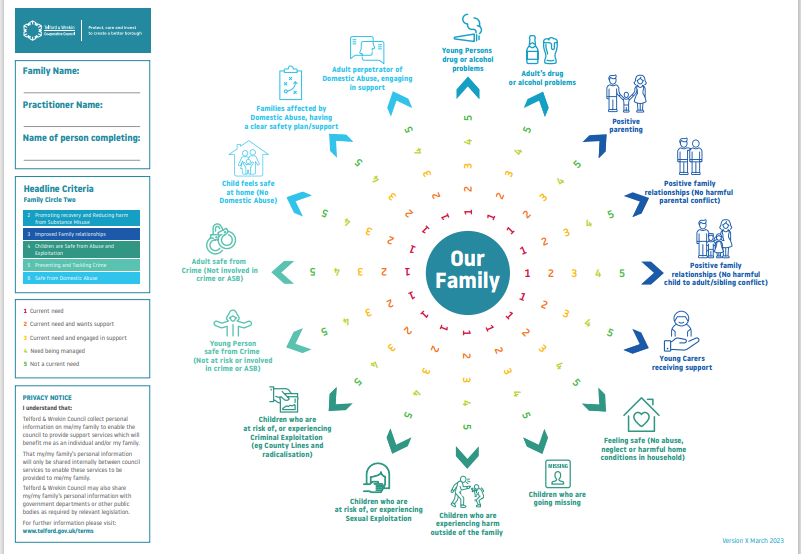
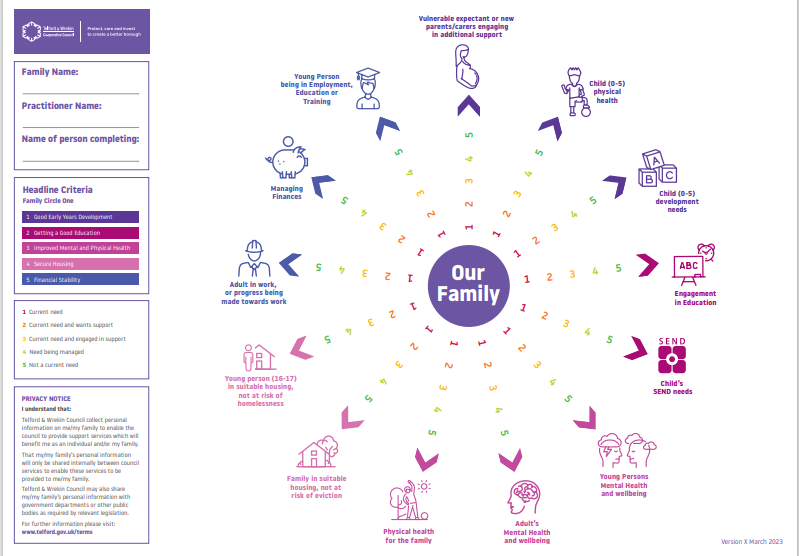
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| **Area** | **Financial Stability** | | | **Promoting recovery and Reducing harm from Substance Misuse** | | **Improved Family relationships** | | | |
| Adult in work, or progress being made towards work | Managing Finances | Young Person being in Employment Education or Training | Young Persons drug or alcohol problems | Adult's drug or alcohol problem | Positive parenting | Positive family relationships (No harmful parental conflict) | Positive family relationships (No harmful child to adult / sibling conflict) | Young Carers receiving support |
| **Practitioner Score** |  |  |  |  |  |  |  |  |  |
| **Parent Score** |  |  |  |  |  |  |  |  |  |
| **Child Score** |  |  |  |  |  |  |  |  |  |

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| **Area** | **Children are Safe from Abuse and Exploitation** | | | | | **Preventing and Tackling Crime** | | **Safe from Domestic Abuse** | | |
| Feeling safe (No abuse, neglect or harmful home conditions in household) | Children who are going missing | Children who are experiencing harm outside of the family | Children who are at risk of, or experiencing Sexual Exploitation | Children who are at risk of, or experiencing Criminal Exploitation  (eg County Lines and radicalisation) | Young Person safe from Crime (Not at risk or involved in crime or ASB) | Adult safe from Crime (Not involved in crime or ASB) | Child feels safe at home (No domestic Abuse) | Families affected by DA, having a clear safety plan/support | Adult perpetrator of DA, engaging in support |
| **Practitioner Score** |  |  |  |  |  |  |  |  |  |  |
| **Parent Score** |  |  |  |  |  |  |  |  |  |  |
| **Child Score** |  |  |  |  |  |  |  |  |  |  |

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| **Criteria** | **Relates to** | **Supporting Comments** |
| **Good Early Years Development** | Vulnerable expectant or new Parents/Carers engaging in additional support  Child (0-5) Physical health  Child (0-5) Developmental Needs |  |
| **Getting a Good Education** | Engaging in Education  Child’s SEND needs |  |
| **Improved Mental and Physical Health** | Young Persons Mental Health and wellbeing  Adult’s Mental Health and wellbeing  Physical health for the family |  |
| **Secure Housing** | Family in suitable housing, not at risk of eviction  Young Person (16-17) in suitable housing, not at risk of homelessness |  |
| **Financial Stability** | Adult in work, or progress being made towards work  Managing Finances  Young Person being in Employment, Education or Training |  |

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| **Promoting recovery and reducing harm substance misuse** | Young Persons drug or alcohol problems  Adult’s drug or alcohol problems |  |
| **Improved Family Relationships** | Positive Parenting  Positive Family relationships (no harmful parental conflict)  Young Carers receiving support |  |
| **Children are Safe from Abuse and Exploitation** | Feeling safe (No abuse, neglect or harmful home conditions in household)  Children who are experiencing harm outside of the family  Children who are at risk of, or experiencing sexual exploitation  Children who are at risk of, or experiencing criminal exploitation (eg county lines and radicalisation |  |
| **Preventing and Tackling Crime** | Young Person safe from crime  Adult safe from crime |  |
| **Safe from Domestic Abuse** | Child feels safe at home (no DA)  Families affected by DA, having clear safety plan/support  Adult perpetrator of DA, engaging in support |  |

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| **Early Help Support Plan** | | | |
| **SECTION 5 – What needs to happen next** | | | |
| **What needs to happen in the child, family’s view**  **and agencies view** | **Agreed Actions** | **Outcome** | **By whom and when** |
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**Threshold Guidance Level of Need**

**Based on information provided, has the level of need changed? Please tick the appropriate box to indicate the current level of need**

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| **Universal** |  | **Vulnerable** |  | **Complex** |  | **Acute** |  |

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| **SECTION 6 – End of Involvement** | | | | | | |
| **Summary** | |  | | | | |
| **Is this the end of involvement** | | Yes/No – If yes please state reason for closure | | | | |
| **Parent/carer informed of closure** | | Yes/No | | | | |
| **Child informed of closure?** | | Yes/No | | | | |
| **Next Meeting Date** |  | | **Time** |  | **Venue** |  |

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**This document needs to be forwarded to:**

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