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| **Early Help Action Plan and Review** | SGCLogoSwoosh (2) |

Date action plan agreed: Action plan number:

**Children/Young people details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Child 1** | **Child 2** | **Child 3** | **Child 4** | **Child 5** |
| **Family Name** |  |  |  |  |  |
| **Given Name** |  |  |  |  |  |
| **Gender** |  |  |  |  |  |
| **Address & Tel No.** |  |  |  |  |  |

**Professionals involved**

|  |  |
| --- | --- |
| **Name of Lead Professional Coordinating:** | **Service/Agency:** |
| **Role:** | **Contact Details:** |

Action Plan

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What are we worried**  **about and why?** | **Change**  **Tracker**  **Strand /**  **score** | **What outcome do we want for the child?**  **(SMART target)** | **What will indicate /measure progress by the next review?** | **What SMART actions are needed?** | **By who and when?** | **What progress has been seen?**  **(Review notes)** |
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REVIEW Number

|  |  |
| --- | --- |
| **Date of this review meeting /conference:** | **Previous review dates:** |

List all members of Team Around the Child/Family

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Role** | **Agency** | **Contact details &**  **tel no.** | **Email address if happy to share** | **Method of contribution to review meeting** |
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Key Events/Concerns

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| **Key events / concerns since the last meeting** |  | |
| **Key discussion points from meeting:**  **Consider:-**   * **What is the possible future if things do not change?** * **How likely is it that change can happen?** * **Are things improving for child/ren/YP?** |  | |
| Has the plan been **reviewed? Y/N** | Are there **significant changes to the plan**? Y/N  If yes- amend/change the plan | Should the **CAF be closed**? Y / N |

Child/Young Person’s views

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| --- |
| **Child/Young person’s views** |

Parent/Carer’s views

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| --- |
| **Parent/carer’s views** |

Views of agencies

|  |
| --- |
| **Agencies’ views (Identify who)** |

Next review meeting

|  |  |  |
| --- | --- | --- |
| **Date:** | **Time:** | **Venue:** |

Sign off for SAFeh closure only

|  |  |
| --- | --- |
| **Child/ren/Young person signature:** | Date: |
| **Parent/Carers signature:** | Date: |
| **Lead Professional signature:** | Date: |
| **Manager signature:** | Date: |
| **Manager’s comments:** | |

**What to do next**

1. **Give a copy to the family**
2. **Please send in to Access and Response Team**
3. **With consent share copies with all professionals at the TAC/F meeting.**
4. **With consent share copies with professionals working with the family and not at the TAC/F meeting**
5. **With consent we suggest that action plans and reviews are routinely shared with GPs with a covering letter**
6. **REVIEW action plan at an appropriate and agreed future date.**

**Please submit the form to Access and Response Team**

* **To email securely contact ART on Tel: 01454 866000 and request that you be sent a secure email registration to log onto & reply to.**
* **To Fax: 01454 864380 – you should ring to inform you are doing this first.**
* **To post: Department for Children, Adults and Health, First Point, PO Box 298, Civic Centre, High St, Kingswood. BS15 1DQ**