

Early Help Action Plan and Review



Date action plan agreed: **date of meeting when action plan agreed** Action plan number: **so that you can track the number of actions plans that have been developed and reviewed.**

Children/Young people details:

| | Child 1 | Child 2 | Child 3 | Child 4 | Child 5 |
|-------------------|---------|---------|---------|---------|---------|
| Family Name | | | | | |
| Given Name | | | | | |
| Gender | M or F | | | | |
| 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) |
|---|-------------------------------|---|--|--|--|---|
| What is the concern? What is likely to happen if there is no change? | Name of Strand & score | What improved outcome is wanted? Specific Measurable Achievable Realistic Time limited | What first steps are needed to indicate an improvement? | How can we achieve this? What needs to be done? | Who will do it? By when? A date should be recorded so that it can be reviewed and is not left ongoing | To be completed at the review meeting. What has improved? How do we know? |
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REVIEW Number to be completed at the first assessment or planning meeting and then at every review meeting. To open the next action plan save electronically as next number action plan and delete all review notes and completed actions then add any new actions. You will then have all reviews and a new action plan ready for the next review.

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

List all members of Team Around the Child/Family List all practitioners involved with the family and how they contributed to the meeting – e.g. attended meeting, sent written report, sent verbal report etc

| 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 | <p>What has happened since the assessment was completed or the last review? These should be brief notes – perhaps bullet pointed – to accurately convey events and concerns to practitioners unable to attend the meeting.</p> |
| <p>Key discussion points from meeting: Consider:-</p> <ul style="list-style-type: none"> ○ What is the possible future if things do not change? ○ How likely is it that change can happen? | <p>What did the review meeting consider? What was discussed? What was agreed? Were there any disagreements and how were they resolved?</p> |

| | | |
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| ○ 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 If no copy and convert the plan into the next numbered plan | Should the SAF be closed? Y / N At every review it should be considered whether the SAF and the action plan can now be closed. |

Child/Young Person's views It is important to involve the child/ren/YP as much as possible as they will need to be engaged in the planning and interventions if the actions are to be successful.

Child/Young person's views About the plan/the Team around the Child/Family meeting/the SAF process and any other comments.

Parent/Carer's views It is important to involve the parents/carers as they will need to want to focus on the agreed areas and be engaged in the planning and interventions if the actions are to be successful.

Parent/carer's views About the plan/the Team around the Child/Family meeting/the SAF process and any other comments.

Views of agencies

Agencies' views (Identify who) About the plan/the Team around the Child/Family meeting/the SAF process and any other comments.

Next review meeting

| | | |
|--|--|--|
| Date: TO BE SET AT EACH MEETING FOR NEXT TIME | Time: TO BE SET AT EACH MEETING FOR NEXT TIME | Venue: TO BE AGREED AT EACH MEETING FOR NEXT TIME |
|--|--|--|

Sign off for SAF closure only ONLY AT FINAL STAGE SO EVERYONE HAS A CHANCE TO COMMENT ON THE SAF PROCESS AND PLAN FOR CLOSURE

| | |
|--|-------|
| 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 (ART)**
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 to the Practice Manager
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, ART, PO Box 298, Civic Centre, High St, Kingswood. BS15 1DQ