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| **TARGETED EARLY HELP**  **Strong Families, Thriving Children** | Working-in-Partnership-RGB |

**Bradford Early Help Support Plan & Review Record**

**An Early Help assessment and plan should be completed with the family either by universal services and/or as part of targeted early help plan. This plan should also be updated at each review.**

**Family Summary**

Consider both the strengths and worries for the child. It may not be necessary to fill in all boxes, but be clear about what the current worries are and how the strengths support improvements for the child. Be clear about what you consider could happen if the worries are not sorted out. Develop a clear plan of action which states what needs to happen, when and by whom, that link to the goals you have set

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| **Family Name:** | | **LCS No:** (if known) |
| **Worker’s Name:** | |  |
| **Version control** | | |
| **Date of initial assessment/plan:**  **People involved:** | | |
| **Updated at review dated:**  **People involved:** |  | |
| **Updated at review dated:**  **People involved:** |  | |
| **Updated at review dated:**  **People involved:** |  | |

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| **1. What are we worried about?** | | |
| **What has happened or what have you seen that has made us worried about this child/YP?**  (Past and current harm and worries – BE SPECIFIC & AVOID JARGON) | **What are we worried could happen if nothing changes for the child/YP?**  (Worry/danger statement and your professional analysis – BE SPECIFIC & AVOID JARGON)  ***Cut these statements across to Section 3.*** | **What things are making it harder to deal with the difficulties?**  (Complicating Factors) |

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| **2. What is going well?** | |
| **The things that are going well, resources in place, best hopes, things which can be built on to reduce the worries?**  (These are the Strengths) | **The things that have been done to change the situation and have proven to be effective over time?**  (This is the Safety) |

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| **3. What needs to happen?** | | |
| **Worry Statements**  **What are people worried will happen to the child if nothing changes?**  Consider if statements are needed to cover:   * Safety * Belonging * Wellbeing | **Goal Statements**  **What needs to be demonstrated over time to address the worry statements and to ensure the child is safe, well and connected to family, community and culture?** | **Action Steps**  **What needs to happen next to work toward the goals?**  **Who has agreed to do what, when?** |

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| **4. How worried are we about this child/ren situation?**  Where 0 is the most concerned you can be and 10 you have no worries or concerns (Please tick applicable) | | | | | | | | | | |
| **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Please give reasons why you feel the child/ren are at this point on the scale: | | | | | | | | | | |

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| **CHILD’S VIEW ON THE ASSESSMENT?**  **Please ensure that you use the Signs of Safety tools for Children to be able to capture their views** |
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