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| **Early Help Strengthening Families Plan and Review** |

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| Early Help ID: (generated by FDFF) | Date of Plan: |
| Date of Review: |
| Date of next Review meeting: |

1. **Family Members**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name | Date of Birth | Nursery / School / College | Family member, eg mother, son | NHS No. | Gender |
| Adult 1 |  |  |  |  |  |  |
| Adult 2 |  |  |  |  |  |  |
| Adult 3 |  |  |  |  |  |  |
| Child 1 |  |  |  |  |  |  |
| Child 2 |  |  |  |  |  |  |
| Child 3 |  |  |  |  |  |  |

1. **Details of person undertaking the plan**

|  |  |  |
| --- | --- | --- |
| Lead Professional Name | Role and Agency | Contact details |
|  |  |  |

NB: All other family members involved should be listed in the members of the TAF section in the assessment.

1. **Document type**

|  |  |  |
| --- | --- | --- |
| Type of Plan: | | If this is a review indicate what number: |
| Initial | Review | Review number: |

1. **Goals, actions and progress**

If this is a review, you may find it helpful to copy the goals, actions and progress notes from the plan or previous review.

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| **Goals for family members (address all identified needs for each family member involved in assessment):** |
| **Action required, by who and by when (SMART):** |
| **Review of progress for each action (for review plans only):** |
| **Notes from the meeting:** |
| **Any other people involved in the plan (please indicate Agency/Contact details of any persons involved in the plan and not already listed in the TAF section).** |

**Closure**

1. **Outcomes**

Detail outcomes of the actions set for each of the needs identified in the assessment. Observations should reflect the change indicated in the distance travelled section below and completed by the lead professional in consultation with the family.

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| **Outcomes and evidence of progress made:** |

1. **Distance Travelled**

Enter one cross for each risk area identified; change indicated should be supported by evidence of progress made above.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **A Lot Worse** | **A Bit Worse** | **No Change** | **A Bit Better** | **A Lot Better** |
| Children in need of help |  |  |  |  |  |
| Education |  |  |  |  |  |
| Crime/ASB |  |  |  |  |  |
| Financial exclusion |  |  |  |  |  |
| Domestic Violence |  |  |  |  |  |
| Health |  |  |  |  |  |

1. **Closure Reason**

Please indicate why you are closing the case.

|  |  |
| --- | --- |
| Family declined further support |  |
| Change in family circumstances |  |
| End of intervention |  |

Please register the end of the plan by emailing a copy to [FrontDoorForFamilies@brighton-hove.gcsx.gov.uk](mailto:FrontDoorForFamilies@brighton-hove.gcsx.gov.uk) .