**Early Help Plan**

**Name of Child / Children:**

**Team Around the Family Meeting date:**

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| --- |
| **Meeting attendees/apologies:** |
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| --- |
| **Summary of meeting discussion points::** |
|  |

**Our Family Plan (what will be our next steps)**

**What are the first steps to making things better and moving towards the goals?**

| **What are we going to change/ improve/ strengthen?**  (Link to needs identified in 'What's going on in our family?) | **What are we going to do to make this happen?**  (Activities) | **Who in our family or professional network will do this and what support will we need?** | **By when?**  (Specific timescales) | **Outcome for our family**  (How will we know when things have improved / what will life be like for the child(ren)/family)? |
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| **When should we get back together again to review the plan and the progress?** | | | |
| Date & time:  Venue:  Lead Professional: | | | |
| **Date completed:** |  |  |  |
| **Parents'/Carers' signature:** |  | **Date:** |  |
| **Young person's signature:** |  | **Date:** |  |
| **Worker's signature:** |  | **Date:** |  |
| **Manager's signature:** |  | **Date:** |  |

**Once completed, this plan must be sent to**

The Duty Assistant team Manager

The Early Help Service,

Torbay Children’s Services

[earlyhelp@torbay.gov.uk](mailto:earlyhelp@torbay.gov.uk)