Early Help Plan

Merton Safeguarding Children Partnership

1. PRACTITIONER INFORMATION

BLOCK CAPITALS ONLY PLEASE

Practitioner agency/service		Date Plan Completed	
Practitioner name		Practitioner telephone	
Practitioner email			

2. FAMILY INFORMATION

PARENT / CARER 1 Name		PARENT / CARER 2 Name	
Parental responsibility	Yes ☐ No ☐	Parental responsibility	Yes ☐ No ☐
Telephone		Telephone	
Date of birth		Date of birth	
Ethnicity		Ethnicity	
Address and postcode		Address and Postcode	
Disability		Disability	
Health Needs		Health needs	
Special Educational Needs		Special Educational Needs	
Communication support needs		Communication support needs	
Immigration Status		Immigration Status	

CHILD / YOUNG PERSON		Gender	Disability	Special Educational Needs	Health Need
Child / Young Person 1	Name: Date of Birth: Ethnicity:	Male ☐ Female ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
	Address				
	Name of early education / school /college				
Child / Young Person 2	Name: Date of Birth: Ethnicity:	Male ☐ Female ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
	Address				
	Name of early education / school /college				
Child / Young Person 3	Name: Date of Birth: Ethnicity:	Male ☐ Female ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
	Address				
	Name of early education / school /college				
Child / Young Person 4	Name: Date of Birth: Ethnicity:	Male ☐ Female ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
	Address				
	Name of early education / school /college				

3. INFORMATION GATHERING

What is currently working well for the family
What does the child, young person like / do well? What do the family say works well for them or has done in the past? Do the family have a support network (family, friends, professionals)? If so what does this look like? What are the views of the child/young person and/or family?

What are you or the family worried about
What is making you feel concerned/worried? What is making the family feel concerned/worried? What is the impact on the child or young person? What are you worried would happen if nothing changes for the child / family? What are the views of the child/young person and/or family?

What needs to change to make things better for the child/ren?
What do the family think would support them to make things better? What support do you think is needed to make things better? What services / support would the family need to acheive these positive changes? What are the views of the child/young person and/or family?

Early Help Plan			
What needs to be done	**By Whom**	**By When**	**Review / Update**

Signing below confirms consent for the information in this plan to be stored in accordance with the organisations data protection, privacy and GDPR policies and will be shared with those working alongside the family.

6. CONSENT			
Parent signature		Date:	Click to enter a date
Parent Signature		Date:	Click to enter a date
Child/young person		Date:	Click to enter a date
Child/young person		Date:	Click to enter a date