**Early Support Plan / Family Help Plan Review**

**Your Early Support Plan**

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| **Section 1 - Review Meeting Details**  |
| **Date of Review Meeting:**  | Click or tap to enter a date. |
| **Name, organisation and contact details of lead professional:** | Click or tap here to enter text. |

**Early Support / Family Help Review**

This form is used for both Early Support Plans and Family Help Plans where the lead professional is a community practitioner and not employed by Warwickshire County Council Children and Families Service.

The purpose of this review is to work together to identify what has gone well, discuss what we are still concerned about, revisit original actions and decide on any new actions.

We will look at progress made against the actions on the plan and identify any additional support that may be available to you. We will also review the support you have already accessed and discuss if you are waiting to hear about any referrals or are on any waiting lists for support.

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| **Family members involved in reviewing and developing the plan** |
| Name  | **Relationship**  | **Any needs or barriers?** | **Attended review?**  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
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| **Professionals involved in reviewing the plan** |
| Name  | **Role**  | **Organisation** | **Telephone** | **Email**  | **Attended review?** |
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**Section 3 - Review**

**Your Early Support Plan**

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| **What has happened?  What is happening now? Who is affected and how?**  |
| Click or tap here to enter text. |
| **What positives and strengths are there?** |
|  Click or tap here to enter text.  |
| **What keeps the issue going?**  |
| Click or tap here to enter text. |
| **What could happen in things don’t change?** |
| Click or tap here to enter text. |
| **What is the shared intended outcome of the child(ren)?** |
| Click or tap here to enter text. |

**SITUATION**

**UNDERSTANDING**

**SHARED OUTCOME**

**PARENTS AND CHILD(REN)’S VIEWS**

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| **What are the child (ren)’s views of the plan and the support in place?** |
| Click or tap here to enter text. |
| **What are the parent(s)/carer(s) and significant others view of the plan and support in place?** |
| Click or tap here to enter text. |
| **How is the plan progressing? Consider the effectiveness of the support in place and the impact on the child (ren)**  |
| Click or tap here to enter text. |
| **What might make us more worried for the child (ren) and what would happen then?** |
| Click or tap here to enter text. |
| **Has information from the plan been shared with family members or any other agency/ professional? Provide details of where relevant information (from plan) has been shared with family members/other agencies/professional, as required** |
| Click or tap here to enter text. |

**Child and Family Plan**

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| **What is the outcome we are working towards?** | **What action needs to be taken to achieve the outcome?** | **Who will be responsible for this action?** | **Progress/ Update** | **Timescale** |
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# Section 6 - Important Information

**Your Early Support Plan**

 **Information sharing**

We work with partners to provide you with public services. To do this, we may need to share your information. We will do this in a way that protects your privacy. Please let us know when any of your contact details change. You have the right to know what information we hold about you and we try to make sure it is correct.

 If you would like further information visit our website: [www.warwickshire.gov.uk/privacy](http://www.warwickshire.gov.uk/privacy)

or contact our Customer Service Centre at:

Warwickshire County Council, Shire Hall, Warwick, CV34 4RL Telephone: 01926 410410

The person undertaking this assessment should explain openly and honestly to you what information will be shared, and why.

We collect information so that we can understand what help you and your family may need. If we cannot meet all of your needs, we may need to share all or part of this information with other organisations so they can help us provide you with effective support.

If we need to share further information with any other organisations later, we will ask you about this before we do it.

* **Spectrum of Support**

[Warwickshire’s Spectrum of Support](https://api.warwickshire.gov.uk/documents/WCCC-1642278725-4997) is a framework for professionals who are working with children, young people, and families. The document provides guidance and helps to identify circumstances when children may need additional support to achieve their potential.

* **Family Information Service Helpline - 01926 742274**

You can find additional support, advice and information at [www.warwickshire.gov.uk/childrenandfamilies](http://www.warwickshire.gov.uk/childrenandfamilies).



**Consent**

We will respect the wishes of children, young people and families who do not consent to share confidential information. However, we will use our judgement if we consider there are concerns which are sufficient enough to override a lack of consent.

In some circumstances, if parents and carers refuse the provision of early support we will need to consider if we have concerns that a child or young person has suffered, or is likely to suffer, significant harm.

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| **Agreement** |
| I understand and accept the need for communication between professionals to complete this assessment. I understand that my information will be stored and used for the purpose of providing my family with effective support. I will tell you if I do not agree for parts of my information to be shared and understand this will be respected wherever possible. |
| **Name** Click or tap here to enter text. | **Signature**Click or tap here to enter text.**…………………………………………………………………** | **Date** Click or tap to enter a date. |
| **Name** Click or tap here to enter text. | **Signature** Click or tap here to enter text.**…………………………………………………………………..**  | **Date** Click or tap to enter a date. |

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| **Is this the last review?**  |
| Click or tap here to enter text. |

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| **Date of Next Meeting** |
| **Date** Click or tap to enter a date. | **Time** Click or tap here to enter text. | **Venue** Click or tap here to enter text. |

**Please email a copy of this assessment to earlysupportdocumentation@warwickshire.gov.uk and ensure the family receive a copy.**

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| **Please use this space to record any additional information**  |
| Click or tap here to enter text. |