



Early Help Plan

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|-----------------------------|--|---|--|
| Name of Child | | Year Group | |
| D.O. B | | Age of Child | |
| Lead Professional at School | | Date of Plan | |
| Date of first Meeting | | Agreed Review Date (Usually every 6 weeks) | |

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|--|--|--------------------|--|----------------------|--|-------------------------------|------------------------------|
| Planned Outcomes (What do we want to improve?) | | | | | | | |
| Child health and Wellbeing | | Economic Wellbeing | | Family Circumstances | | Parental Health and Wellbeing | Parenting Support and Advice |

Young Person's Wishes and Feelings: *(This information can be taken from SDQs, one to one sessions or as part of wishes and feelings work)*

| | Child/Young Person's Needs <small>(What are we trying to improve?)</small> | Action required to achieve planned outcome <small>(What needs to happen to improve the situation)</small> | Planned Outcome <small>(What will happen if we take action?)</small> | Person or Agency responsible for completing the task | Timescales <small>(Be specific about when this will happen)</small> |
|----|---|--|---|--|--|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |



Early Help Plan

Please complete this section at the review stage (6 weeks from the plan being agreed)

Remove any completed actions from the plan and only keep on outstanding actions and any new targets.

| Review of Previous Actions | Have they been achieved? If not what needs to happen? | Who will take responsibility for the action and when will it be done? |
|----------------------------|---|---|
| 1. | | |
| 2. | | |
| 3. | | |

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| Comments |
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|---------------------------|--------------------------|-----------------|
| Parent/Guardian Signature | Signature of school lead | Date of Meeting |
|---------------------------|--------------------------|-----------------|