|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Single agency plan 🞎 Multi-agency plan 🞎 (please tick to indicate) | | | | | | | Date of completion | | |  | | |
|  | | | | | | | | | | | | |
| Name of child / young person | | | | |  | | | | | | | |
|  | | | | |  | | | | | | | |
| Other known names | | | | |  | | | | | | | |
|  | | | | |  | | | | | | | |
| Address | | | | |  | | | | | | | |
|  | | | | |  | | | | | | | |
|  | | | | | Post code |  | | Contact telephone number | | | |  |
|  | | | | | | | | | | | | |
| Male |  |  | Female |  | Date of birth |  | | | | | | |
|  | | | | | | | | | | | | |
| Religion |  | | | | Ethnicity |  | | | First language | |  | |
|  | | | | | | | | | | | | |
| Please provide details of any disabilities **stating if there are none** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Is an interpreter or signer required? Please provide details **or state if not required** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

**Details of Worker completing this form**

|  |  |
| --- | --- |
| Name |  |
| Role |  |
| Organisation |  |
| Address |  |
| Telephone |  |
| Email |  |

**Important**

This document belongs to the child or young person named above and their family or carers. Please ensure the child or young person is given opportunity to lead the planning meeting to which it refers if possible. The child or young person’s views regarding actions and progress should be sought and recorded as a priority and before any professionals present whenever possible

**Meeting details** (complete as applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Meeting date & time |  | Venue |  |

List all people invited to attend the meeting and others from whom information was requested. This section should show that services that are in regular contact and able to add support have been invited to attend or comment. Examples include, but not exclusively, midwives, health visitors, school nurses, children’s centres and schools. Most plans are likely to be multi-agency.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**  **List Lead Professional first** | **Agency / family relationship** | **Contact number** | **Comment – state ‘new LP’ if the Lead Professional has changed** | **Attended?** | | **Update sent?** | |
| **Yes** | **No** | **Yes** | **No** |
|  |  |  |  |  |  |  |  |
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IMPORTANT - If more than one professional is named above – please tick multi-agency plan on page 1

| L**ong term Goal Statement - How will things look for the family/child or young person when you are ready to end Early Help?** |
| --- |
|  |

**Summary assessment**

Summarise the key issues for the child / young person and / or family from the main assessment

| **Strengths** | **Goals** |
| --- | --- |
|  |  |

**Delivery plan**

Use the table below to record actions ensuring they are Specific Measurable Achievable Realistic and Time Based (SMART) and relate to conclusions reached during assessment. Detail the changes or outcomes that people want as well as the specific actions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action Number** | **What changes (outcomes) do people want to see?** | **Who will benefit from this change?** | **How will it happen? What is the specific action?** | **Who will do this?** | **When will it be done by?** |
|  |  |  |  |  |  |
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| Agreed Review Date |  | Review at approx. 6 weeks (or according to any specific service guidelines)  using the EH3 Review / Closure form. |  |
| --- | --- | --- | --- |

**Comments:**

Please ensure the child’s voice is heard at all ages by recording their verbal and non verbal responses to support

| **Child / young person comments** | **Parent / carer comments** |
| --- | --- |
| Useful (age dependant) questions could include:  *What’s happened since our last meeting/visit?*  *What’s making you happy?*  *What still needs to change?*  *Who does your worker need to speak to?*  *Have we made the right plan?*  *Draw a face/smiley of how you feel today*  *Professional to record non-verbal responses evidencing emotions or opinions* |  |
| **Practitioner comments** | **Other comments** |
|  |  |
| **Review notes / minutes / housekeeping** | | |
|  | | |
| **Additional Case notes** | | |
|  | | |

**This completed Initial Action Plan must now be sent to the Early Help Hub**

**Email** [**EarlyHelp.logging@wigan.gov**](mailto:EarlyHelp.logging@wigan.gov) **Tel** 01942 828520

**Address –** Multi Agency Safeguarding team,Ground Floor, College Avenue, Wigan ,WN1 1NJ