

Early Help Meeting/Review



| Meeting Date | Meeting Type | Meeting No. | Date of previous meeting | If meeting not held when planned, original meeting date | Reason meeting not held when planned |
|--------------|-----------------|-------------|--------------------------|---|--------------------------------------|
| | Choose an item. | | | | |

If an Early Help Assessment has been completed, please say when and by whom

| Assessment Start Date | | Assessment Completed Date | | Author Name | Co-Author Name |
|-----------------------|--|---------------------------|--|---------------------|------------------------|
| | | | | Author Team | Co-Author Team |
| | | | | Author Service Area | Co-Author Service Area |
| | | | | Author Telephone | Co-Author Telephone |
| | | | | Author Email | Co-Author Email |

Your Family Details (Please include parents/carers, children, young people and unborn children.)

| Name | DoB/EDD | Age | Relationship | Gender | Address 1 | Address 2 | Town | Post Code | Parental Responsibility | Ethnicity |
|------|---------|-----|--------------|--------|-----------|-----------|------|-----------|------------------------------|-----------------|
| | | | | | | | | | <input type="checkbox"/> Yes | Choose an item. |
| | | | | | | | | | <input type="checkbox"/> Yes | Choose an item. |
| | | | | | | | | | <input type="checkbox"/> Yes | Choose an item. |
| | | | | | | | | | <input type="checkbox"/> Yes | Choose an item. |
| | | | | | | | | | <input type="checkbox"/> Yes | Choose an item. |

Who can we contact in your family and how?

Name of family member

Mobile/Landline

Email

Meeting Details

(Please include parents/carers, children, young people, other family members, practitioners.)

| Name | Role | Address and Contact Details | Present? If not, apologies/ report sent |
|------|------|-----------------------------|--|
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Review of previous document

(Please refer to the Early Help Assessment Action Plan or to the last Early Help Meeting/Review.

Have agreed actions been completed and desired outcomes achieved?

If any actions have not been completed, ensure they are carried forward to the next Review.)

If this is the first Meeting where an assessment has not yet been completed, please leave this section blank.

| |
|-----------------|
| ACTION 1 |
| |
| ACTION 2 |
| |
| ACTION 3 |
| |
| ACTION 4 |
| |
| ACTION 5 |
| |
| ACTION 6 |
| |

Review of previously identified needs/Needs identified at initial meeting

(Please review previously identified needs/record needs by selecting an option from the **Status** column.

Where a need is **Unmet**, please record why in the **Reasons(s) Unmet** column.)

Child 1 Name:

| Need | Status | Reason(s) Unmet | Need | Status | Reason(s) Unmet | Need | Status | Reason(s) Unmet |
|-----------------------------|-----------------|-----------------|--|-----------------|-----------------|----------------------------------|-----------------|-----------------|
| Abuse | Choose an item. | | Drug Misuse | Choose an item. | | Parental Conflict/ Relationships | Choose an item. | |
| Alcohol Misuse | Choose an item. | | Homeless/Housing Needs/Conditions | Choose an item. | | Parenting | Choose an item. | |
| Anti-Social Behaviour/Crime | Choose an item. | | Intra-Familial Sexual Abuse | Choose an item. | | Physical Disabilities | Choose an item. | |
| Behaviour | Choose an item. | | Learning Disabilities | Choose an item. | | Physical Health | Choose an item. | |
| Child Criminal Exploitation | Choose an item. | | Mental/Emotional Health | Choose an item. | | Harmful Sexual Behaviour | Choose an item. | |
| Child Sexual Exploitation | Choose an item. | | Missing Education | Choose an item. | | School Attendance and Exclusions | Choose an item. | |
| Communication/Sensory Needs | Choose an item. | | Missing from Home | Choose an item. | | Sexual Abuse | Choose an item. | |
| Contextual Safeguarding | Choose an item. | | Neglect | Choose an item. | | Teenage Pregnancy | Choose an item. | |
| Debt | Choose an item. | | Not in Education, Employment or Training | Choose an item. | | Young Carer | Choose an item. | |
| Domestic Abuse | Choose an item. | | Online Safety | Choose an item. | | Youth Offending | | |

Review of previously identified needs/Needs identified at initial meeting

(Please review previously identified needs/record needs by selecting an option from the **Status** column.

Where a need is **Unmet**, please record why in the **Reasons(s) Unmet** column.)

Child 2 Name:

| Need | Status | Reason(s) Unmet | Need | Status | Reason(s) Unmet | Need | Status | Reason(s) Unmet |
|-----------------------------|-----------------|-----------------|--|-----------------|-----------------|----------------------------------|-----------------|-----------------|
| Abuse | Choose an item. | | Drug Misuse | Choose an item. | | Parental Conflict/ Relationships | Choose an item. | |
| Alcohol Misuse | Choose an item. | | Homeless/Housing Needs/Conditions | Choose an item. | | Parenting | Choose an item. | |
| Anti-Social Behaviour/Crime | Choose an item. | | Intra-Familial Sexual Abuse | Choose an item. | | Physical Disabilities | Choose an item. | |
| Behaviour | Choose an item. | | Learning Disabilities | Choose an item. | | Physical Health | Choose an item. | |
| Child Criminal Exploitation | Choose an item. | | Mental/Emotional Health | Choose an item. | | Harmful Sexual Behaviour | Choose an item. | |
| Child Sexual Exploitation | Choose an item. | | Missing Education | Choose an item. | | School Attendance and Exclusions | Choose an item. | |
| Communication/Sensory Needs | Choose an item. | | Missing from Home | Choose an item. | | Sexual Abuse | Choose an item. | |
| Contextual Safeguarding | Choose an item. | | Neglect | Choose an item. | | Teenage Pregnancy | Choose an item. | |
| Debt | Choose an item. | | Not in Education, Employment or Training | Choose an item. | | Young Carer | Choose an item. | |
| Domestic Abuse | Choose an item. | | Online Safety | Choose an item. | | Youth Offending | | |

Review of previously identified needs/Needs identified at initial meeting

(Please review previously identified needs/record needs by selecting an option from the **Status** column.

Where a need is **Unmet**, please record why in the **Reasons(s) Unmet** column.)

Child 3 Name:

| Need | Status | Reason(s) Unmet | Need | Status | Reason(s) Unmet | Need | Status | Reason(s) Unmet |
|-----------------------------|-----------------|-----------------|--|-----------------|-----------------|----------------------------------|-----------------|-----------------|
| Abuse | Choose an item. | | Drug Misuse | Choose an item. | | Parental Conflict/ Relationships | Choose an item. | |
| Alcohol Misuse | Choose an item. | | Homeless/Housing Needs/Conditions | Choose an item. | | Parenting | Choose an item. | |
| Anti-Social Behaviour/Crime | Choose an item. | | Intra-Familial Sexual Abuse | Choose an item. | | Physical Disabilities | Choose an item. | |
| Behaviour | Choose an item. | | Learning Disabilities | Choose an item. | | Physical Health | Choose an item. | |
| Child Criminal Exploitation | Choose an item. | | Mental/Emotional Health | Choose an item. | | Harmful Sexual Behaviour | Choose an item. | |
| Child Sexual Exploitation | Choose an item. | | Missing Education | Choose an item. | | School Attendance and Exclusions | Choose an item. | |
| Communication/Sensory Needs | Choose an item. | | Missing from Home | Choose an item. | | Sexual Abuse | Choose an item. | |
| Contextual Safeguarding | Choose an item. | | Neglect | Choose an item. | | Teenage Pregnancy | Choose an item. | |
| Debt | Choose an item. | | Not in Education, Employment or Training | Choose an item. | | Young Carer | Choose an item. | |
| Domestic Abuse | Choose an item. | | Online Safety | Choose an item. | | Youth Offending | | |

Review of previously identified needs/Needs identified at initial meeting

(Please review previously identified needs/record needs by selecting an option from the **Status** column.

Where a need is **Unmet**, please record why in the **Reasons(s) Unmet** Column.)

Parent/Carer 1 Name:

| Need | Status | Reason(s) Unmet | Need | Status | Reason(s) Unmet | Need | Status | Reason(s) Unmet |
|------------------------------|-----------------|-----------------|--|-----------------|-----------------|----------------------------------|-----------------|-----------------|
| Abuse | Choose an item. | | Drug Misuse | Choose an item. | | Parental Conflict/ Relationships | Choose an item. | |
| Alcohol Misuse | Choose an item. | | Homeless/Housing Needs/Conditions | Choose an item. | | Parenting | Choose an item. | |
| Anti-Social Behaviour/Crime | Choose an item. | | Intra-Familial Sexual Abuse | Choose an item. | | Physical Disabilities | Choose an item. | |
| Communication/ Sensory Needs | Choose an item. | | Learning Disabilities | Choose an item. | | Physical Health | Choose an item. | |
| Debt | Choose an item. | | Mental/Emotional Health | Choose an item. | | Harmful Sexual Behaviour | Choose an item. | |
| Domestic Abuse | Choose an item. | | Not in Education, Employment or Training | Choose an item. | | Sexual Abuse | Choose an item. | |

Parent/Carer 2 Name:

| Need | Status | Reason(s) Unmet | Need | Status | Reason(s) Unmet | Need | Status | Reason(s) Unmet |
|------------------------------|-----------------|-----------------|--|-----------------|-----------------|----------------------------------|-----------------|-----------------|
| Abuse | Choose an item. | | Drug Misuse | Choose an item. | | Parental Conflict/ Relationships | Choose an item. | |
| Alcohol Misuse | Choose an item. | | Homeless/Housing Needs/Conditions | Choose an item. | | Parenting | Choose an item. | |
| Anti-Social Behaviour/Crime | Choose an item. | | Intra-Familial Sexual Abuse | Choose an item. | | Physical Disabilities | Choose an item. | |
| Communication/ Sensory Needs | Choose an item. | | Learning Disabilities | Choose an item. | | Physical Health | Choose an item. | |
| Debt | Choose an item. | | Mental/Emotional Health | Choose an item. | | Harmful Sexual Behaviour | Choose an item. | |
| Domestic Abuse | Choose an item. | | Not in Education, Employment or Training | Choose an item. | | Sexual Abuse | Choose an item. | |

Child's/Young Person's view of how well things are going

Parent's/Carer's view of how well things are going

Practitioner's view of how well things are going

Level of Need for child/young person/family Select **ONE** box only.

(Please refer to Levels of Need Framework from Warrington's Threshold of Need and Response Guidance 2017.)

| Level 1 | Level 2 | Level 3 | Level 4 Refer to Social Care |
|---------|---------|---------|---------------------------------|
| | | | |

Action Plan

(Please say how the child/young person/family member is to be supported and what needs to happen. You should consider any risks and/or concerns and how these will be managed.)

| Action | Actions to be taken/support to be provided | Name Child/Young Person/Family Member to whom action relates | Desired effect of actions/support | By when | Name and role of person carrying out action/ providing support |
|--------|--|--|-----------------------------------|---------|--|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

| Is there a change of lead practitioner? | | If Yes, details of new lead practitioner | | | |
|--|--|--|-----------|--------------|-----------------|
| | | Name | Job Title | Service Area | Contact Details |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | Mobile: |
| | | | | | Landline: |
| | | | | | Email: |

Next Family Meeting

| Date | Time | Location |
|------|------|----------|
| | | |

What you need to do next

(Please select **ONE** option only.)

| | |
|--|--|
| Complete an Early Help Assessment. | |
| Arrange a Family Meeting and/or complete a MARS online form. | |
| Safeguarding concerns have been identified/raised: Contact the MASH Team. | |

Safeguarding

If at any time you feel that a child or young person has been harmed or abused or is at risk of harm or abuse, you must follow your local safeguarding children board (LSCB) procedures immediately.

Submitting your completed assessment

Please email you completed assessment to the Early Help Support Team at earlyhelpsupport@warrington.gov.uk

Contact Information

Multi-Agency Safeguarding Hub (MASH) Team
01925 443400
childreferral@warrington.gov.uk

Early Help Support Team
01925 443136
earlyhelpsupport@warrington.gov.uk