**Early Help Plan**

**Team Around the Family Meeting date:**

|  |
| --- |
| **Meeting attendees/apologies:**  |
|  |

|  |
| --- |
| **Summary of meeting discussion points::**  |
|  |

**Our Family Plan (what will be our next steps)**

**What are the first steps to making things better and moving towards the goals?**

| **What are we going to change/ improve/ strengthen?**(Link to needs identified in 'What's going on in our family?) | **What are we going to do to make this happen?**(Activities) | **Who in our family or professional network will do this and what support will we need?** | **By when?**(Specific timescales) | **Outcome for our family**(How will we know when things have improved / what will life be like for the child(ren)/family)? |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **When should we get back together again to review the plan and the progress?**  |
| Date & time:Venue:Lead Professional: |
| **Date completed:** |  |  |  |
| **Parents'/Carers' signature:** |  | **Date:** |  |
| **Young person's signature:** |  | **Date:** |  |
| **Worker's signature:** |  | **Date:** |  |
| **Manager's signature:** |  | **Date:** |  |

**Once completed, this plan must be sent to**

The Duty Assistant team Manager

The Early Help Service,

Torbay Children’s Services

earlyhelp@torbay.gov.uk