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| **C:\Users\CHFAGWM\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\QVEW7QGN\C4C logo (2).JPG**  **Early Help**  **Celebrate & Sustain Change** | C:\Users\csssmyg\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\9LS1B6IW\haringey-new-logo.gif |

**SECTION 1 Family Information**

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| **Family Information (include all those living in the family home)** | | | | | | |
| *If unborn, state name as ‘unborn baby’ and mother’s name, e.g. unborn baby of Ann Smith.* | | | | | | |
| **Children and Young People** | | | | | | |
| **Name** | **Date of Birth** | **Gender M/F** | **Ethnicity** | | **Disability (please specify if appropriate)** | |
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| **Parents /Carers** | | | | | | |
| **Name** | **Date of Birth** | **Gender M/F** | **Ethnicity** | **Disability**  **(please specify)** | | **Relationship** |
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| **Key Information** |

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| **Reason for Early Help Involvement (Please provide a brief summary of the presenting concerns)** |
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| **Summary of progress** |
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**Date of request for EH service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of last check in on change?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who is the lead professional going forward?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Statement Details** | | | |
| **Area of Life** | **INITIAL Outcome Star Score**  *(please score each area between 1-10*  *For the INITIAL score)* | **FINAL Outcome Star Score**  *(*  *please score each area between 1-10*  *For the FINAL score)* | **Summary of the journey of the family** |
| **Physical Health** |  |  |  |
| **Your Wellbeing** |  |  |  |
| **Meeting emotional needs** |  |  |  |
| **Keeping your children safe** |  |  |  |
| **Social networks** |  |  |  |
| **Education & Learning** |  |  |  |
| **Boundaries & Behaviour** |  |  |  |
| **Family routine** |  |  |  |
| **Home & Money** |  |  |  |
| **Progress to work** |  |  |  |

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| **Completion dates and Management Authorisation** |

**Name of Family Support Worker:**

**Date summary completed:**

***Date field***

**Name of Authorising Manager:**

***Drop down menu***

**Date summary signed off:**

***Date field***