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| **C:\Users\CHFAGWM\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\QVEW7QGN\C4C logo (2).JPG****Early Help****Checking in on Change** | C:\Users\csssmyg\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\9LS1B6IW\haringey-new-logo.gif |
| **SECTION 1 Family Information** |
| **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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| **Main Family address (s) & contact details** |
| **Address:****Postcode:****Phone/Mobile:****E-mail:**

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| **Contact details of people involved in the conversation** *(Please indicate all those involved in the discussion, Including family/ wider family/ professionals)* |
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 **Your Lead Professional is:** |

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| **SECTION 2 Our Journey for change**

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| **Area of Life** | **Outcome Star Score***(please score each area between 1-10)* | **What is working well?** | **What are we worried about?** | **Are we still****worried?***(Please state :**YES**NO**Or PARTIALLY)* | **What needs to happen?** | **By Whom?** | **By When?** | **Comments** |
| **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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| **Child or young person's views and wishes**  |
| **First Name(s)** | **Last Name(s)** | **views and wishes**  |
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| **Parents/Carer’s views and wishes** |
| **First Name(s)** | **Last Name(s)** | **views and wishes**  |
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**Date check in Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your next check in will be updated on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**