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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Early Help Wellbeing Plan** | | | | | | | | | | | | | |
| **DATE OF PLAN:** |  | | | | | | | | | | | | |
| **SECTION A: Child’s Details** | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | **DoB/EDD[[1]](#footnote-1):** | | | | |
|  | | | | | | | | |  | | | | |
|  | | | | | | | | |  | | | | |
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| **SECTION B: Parents/Carers and Professionals/Agencies in the Team around the Child:**  **(All present to introduce themselves with role/reason for being present) –** (**if there are not enough rows you can use one row for two people)** | | | | | | | | | | | | | |
| **Name** | | | **Role / Agency** | | | **Email and Telephone** | | | **Invited** | **Attended** | | **Consent for Plan to be Shared** | |
|  | | |  | | |  | | | **Yes  No** | **Yes  No** | | **Yes  No** | |
|  | | |  | | |  | | | **Yes  No** | **Yes  No** | | **Yes  No** | |
|  | | |  | | |  | | | **Yes  No** | **Yes  No** | | **Yes  No** | |
|  | | |  | | |  | | | **Yes  No** | **Yes  No** | | **Yes  No** | |
|  | | |  | | |  | | | **Yes  No** | **Yes  No** | | **Yes  No** | |
|  | | |  | | |  | | | **Yes  No** | **Yes  No** | | **Yes  No** | |
|  | | |  | | |  | | | **Yes  No** | **Yes  No** | | **Yes  No** | |
|  | | |  | | |  | | | **Yes  No** | **Yes  No** | | **Yes  No** | |
|  | | |  | | |  | | | **Yes  No** | **Yes  No** | | **Yes  No** | |
|  | | |  | | |  | | | **Yes  No** | **Yes  No** | | **Yes  No** | |
| **SECTION C: Why is this plan needed?** (Set the scene from the child’s and family’s perspective / Reminder of confidentiality for all present) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **SECTION D: Summary of today’s discussion and information shared**   * Updates of strengths, needs, arrangements, from child, family and others present and review progress * Use numbering for lists rather than bullet points * Records of reports, specialist assessments and outcomes, if applicable * Additional comments and update of chronology of significant events, as required considering strengths, needs and risks discussed and identified in the assessment – work together to develop desired outcomes and actions | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **SECTION E: Child’s plan of goals and actions**   * Goals can be aspirational * ‘What needs to happen now’ should include SMART actions – Specific, Measurable, Achievable, Realistic & Time Bound * Discuss with family where they think they are now with that goal and mark on the scale underneath | | | | | | | | | | | | |
| **Goal** | | **What needs to happen now? (action)** | | | **Who is helping?** | | | **By when?** | | | **How will we know this is working?** | |
|  | |  | | |  | | |  | | |  | |
| 1. achieved | | 2. close to achieving | | | 3. half way there | | | 4. a little way towards | | | 5. just starting out | |
| **Goal** | | **What needs to happen now? (action)** | | | **Who is helping?** | | | **By when?** | | | **How will we know this is working?** | |
|  | |  | | |  | | |  | | |  | |
| 1. achieved | | 2. close to achieving | | | 3. half way there | | | 4. a little way towards | | | 5. just starting out | |
| **Goal** | | **What needs to happen now? (action)** | | | **Who is helping?** | | | **By when?** | | | **How will we know this is working?** | |
|  | |  | | |  | | |  | | |  | |
| 1. achieved | | 2. close to achieving | | | 3. half way there | | | 4. a little way towards | | | 5. just starting out | |
| **Goal** | | **What needs to happen now? (action)** | | | **Who is helping?** | | | **By when?** | | | **How will we know this is working?** | |
|  | |  | | |  | | |  | | |  | |
| 1. achieved | | 2. close to achieving | | | 3. half way there | | | 4. a little way towards | | | 5. just starting out | |
| **Child - what do you think of the plan?** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Parents/carers - what do you think of the plan?** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Review required?** | | **Yes**  **No** | | **Review Date and Time** | | |  | **Review Venue:** | | |  | |
| **Lead Worker** | |  | | **Name and Contact Details** | | |  | | | | | |

**The practitioner who is acting as Lead Worker should record the date of this meeting on their agency’s early help log.**

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**DATA PRIVACY NOTICE**

This Early Help Wellbeing Plan will be stored by the agency of the Practitioner completing the assessment in accordance with their agency’s Privacy Policy and Retention Schedule. The names and dates of birth of children who are subjects of this plan and the date of the meeting are recorded on the agency’s early help log and this information is shared with the Children and Families Hub Service who hold it on behalf of the Children, Young People, Education and Skills Department (CYPES) for quality assurance and data collection purposes. As a ‘controller’ under the Data Protection (Jersey) Law 2018 CYPES processes and holds your information in order to provide public services and meet our statutory obligations. We may not be able to provide you with a service unless we have enough information, or your permission to use that information. At the following website, we explain what we collect; how we will use your information; and what your rights are: [**CYPES privacy policy and retention schedule**](https://www.gov.je/Government/Departments/PrivacyPoliciesRetentionSchedules/CYPESPrivacyPolicies/Pages/EducationDepartment.aspx)

1. Estimated data of delivery [↑](#footnote-ref-1)